Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.101 Filed 01/24/20 Page 1 of 100

MICHIGAN DEPARTMENT OF CORRECTIONS

CLASS I MISCONDUCT HEARING REPORT

CSJ-240B Rev. 10/10

Prisoner	Prisoner Name		•	Facility	/ Code	Lock	Violation Date
248097	Bell	artini di salah		JCF		IS LID	07/25/2018
Charge(s)		i Salata i Salata		-			
(020) Disobeyi	ng a Direct Orde	er e					
If Charge Change	ed by Hearing Offic	ėr.			Plea		
	-		F	***	☐ Guill	-,	ot Guilty
	ition Read to and D	cussed with Prisoner Discussed with Prisoner	(check if appli) (check if appli	ies)	Che (che	ring Investigation ck if applies)	on Requested
		IDENCE/STATEMENTS I					
the prisoner "ref Reviewing Offic	used to release ter considered the	as elevated to a Class I o GP", which only arguate (020) charge to be on egarding the classification	ably fits the facts the "non-bond lis	of the n t", whic	niscond h is clea	uct. The rec	ord shows that
(1) page unless (prisoner) did no was about 2003 Sgt. Curtis, RUN	ทั้oted otherwise. ot want to "lock" ii hrs.) and staff w // King, A/DW Kis	nd investigation in their The investigation con n B-24 because it was r ould handle the issue th sor, and Records Super eening Sanction form).	sists of the prison not barrier free ar ne follow morning	ner's stand he ways; six (6)	atement as fold to pages the poin	to the Hearing Stay there for of communicate that B-24 is	gs Investigator that he or the night (the time ations between the HI,
		REAS	ONS FOR FINDING	GS			
return to his the prisoner's responsible prisoner's action HO finds the prisoner bell's common the evening.	n-assigned cell o onse to the Serge dmissions to that soner voluntarily	failed to follow the orde by that he had a right to ons for Findings)	s the prisoner cle e go get my prop er when he was c refuse the order	early un perty and apable becaus	derstood you can	d the order, as an take me ba bliance by not accommodati	s evidenced by the lick to the hole" and by returning to B-24 for
		PROPERTY DISPOSITION	ON (for contrabar	id see P	D 04.07.	.112)	
			FINDINGS				
Charge No. 1 Charge No. 2 Charge No. 3 Charge No. 4	Guilty Guilty Guilty Guilty DISP	Not Guilty Not Guilty Not Guilty Not Guilty Not Guilty Solution OSITION (select one or r	p pisr plisr plis	nissed nissed nissed nissed OP Sanc	tions Enc	Reporting Reporting Reporting Reporting I at 6:00 am)	Code
Day	s of Detention s Top Lock s Loss of Privilege:	07/25/2018	08/01/2018	\$ \$	7	Days Cre Hours Ex Restitutio	tra Duty
		ally handed to Prisoner by (Check if Applies)	Hearing Report	given to	Staff M 2018 (Cr	ember by Hear neck if Applies) [2	ng Officer for Delivery to
Date of Hearing	08/01/2018		Name of Staff	Member	HI Sa	alinas - JCF	
Hearing Officer's	i		Officer's Signature	Then	m trai	•	ate 8/03/18

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.102 Filed 01/24/20 Page 2 of 100

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4243 12/90

HEARING REPORT – Continuation Page Class I Misconduct

CSJ-240D

(Type of Hearing)

Prisoner Number

248097

Prisoner Name

Bell

Institution **JCF** Violation/Notice Date 07/25/18

(Continued from Page One: Evidence/Statements):

The prisoner then presented a six (6) page, handwritten statement he asked to be entered into the record with many questions for various staff members and requests for video. HO agreed to enter it into the record as a document received from the prisoner at the time of the hearing only. HO informed the prisoner that the new requests for information will not be considered for several reasons. Firstly, it appears that the core issue of this matter is clear. Secondly, the prisoner had ample opportunity during the investigative stage of this process to request specific responses and materials and he failed to do so, other than requesting an unspecified statement from "Health Care". Thirdly, the HI in this case did investigate the prisoner's timely submitted claims as well as pursue addition information that could be relevant and most of the issues in the six (6) page statement are duplicative of those already investigated.

The charged prisoner then entered a plea of not guilty to the (020) charge, contended he was released from segregation to general population, that he has an accommodation for a barrier free cell (which appears to be confirmed from the record), and he was being place under orders in B-24 which is not barrier free. Upon questioning by the HO, the prisoner acknowledged he opted to "take me back to the hole (segregation)" rather than follow the order to return to B-24 (it appears the prisoner did enter the cell once, at least, and then left in protest).

HO noted from the various statements in the record that the prisoner was apparently told (at 2000 hrs.) to stay in B-24 for the night and that staff would speak with the Deputy Warden and other personnel (perhaps Health Care) and make any adjustments necessary in the morning. The prisoner responded that he also wanted a single-person cell and B-24 was not a single-person cell. The prisoner had nothing further to add and no additional claims to make.

Elements of (020) charge: PD 03.03.105 defines the Disobeying a Direct Order (DDO) misconduct as the refusal or failure to follow a valid and reasonable order of an employee.

(Continued from Page One: Reasons for Findings):

cell and the fact that B-24 was not barrier free. The prisoner's characterization of the incident is but a part of the story, however. It is clear from the various statements in the record and from Sgt. Curtis' report that staff was going to take measures to further investigate the prisoner's claim of a need for a barrier free cell and the prisoner's other claim that he needed or wanted a single-person cell. Notably, it was rather late at night already when the prisoner went to Sgt. Curtis and demanded assignment to another cell. Sgt. Curtis' own report explains that the prisoner was asked to "remain in B-24 for the night while [the Sergeant] awaited permission from the Housing Deputy Warden". The record further confirms that the Sergeant conveyed the prisoner's dissatisfaction to Lt. Ybarra and the prisoner, in turn, was assured that the issue of his proper cell placement would be brought to the attention of the Housing Deputy and healthcare for resolution; but not likely until the morning.

The prisoner therefore was being instructed only to return and remain in the B-24 cell until the matter could be resolved and his accommodation could be honored. It is unknown from the record if another cell was even available for the prisoner at that hour of the night (other than the segregation cell when he then demanded for himself and where he was eventually taken).

The only two (2) applicable criteria here (which are to be strictly applied) to a claim of an unreasonable order are whether compliance with the order would have created a significant risk of serious harm to the prisoner's physical well-being or whether compliance with the order was not physically possible (Page 42, Hearings Handbook). Under the present facts, HO does not find that spending the limited time of one night in B-24, even if it was not barrier free, would created a significant risk of serious harm to the prisoner. Daily life, especially in a prison environment but also in the secular world, includes frequent adjustments and adaptions while things "get straitened out". Prisoner Bell was simply being asked to be patient until the next morning and it was he who chose, instead, to be put "in the hole". The prisoner hasn't claimed, nor does HO find, that it was physically impossible for him to return to B-24. He had already went to the cell once before going to Sgt. Curtis to complain.

Charge of (020) sustained. The prisoner's misconduct record was reviewed at this stage of the process. Given the fact that the Reviewing Sergeant did not "revoke bond" on this matter and considered the charge to on the "non-bond list" and then confined the prisoner until the hearing, the prisoner will be given credit for the Temporary Segregation time. These findings, sanctions and sanction dates were discussed with the prisoner.

HEARING OFFICER'S	NAME & CMIS CODE (Typed)	Copy of Hearing Report person	nally handed to	<u> </u>
06		Prisoner by Hearing Officer th	is date	(check if applied)
HEARING OFFICER'S		Copy of Hearing Report Giver	to Staff Member	
•		By Hearing Officer for Delive	ry to Prisoner this date	(check if applied)
~ (and the same of th	Date of Hearing	(Name & Clock No. of Staff N	1ember
*	* (08/01/18	HI J. Salii	nas - JCF
DICTRIDITION, WE'LL I	atitudian Gran Control Office: Car	ary - Prisoner: Pink - Visito	r/Counselor: Goldenrod - He	earing Investigator

SUBMITTED AT ADRIAN CORR.FAC. 9/25/18

MICHIGAN DEPARTMENT OF CORRECTIONS

REQUEST FOR REHEARING



OCT

4 2018

CSJ-418 REV. 10/10 4835-3418

INSTRUCTIONS

- This form is to be used only to request reconsideration of the decision of a hearing officer on one of the following:
 - a. Class 1 Misconduct.
 - b. Notice of Intent to Classify to Administrative Segregation.
 - b. Notice of Intent to Classify to Administrative Segregation.
 c. Special designation which permanently denies Community Residential Procedure Page 1000.
 - Visitor restriction.
 - High or very high risk classification.
 - Excess legal property hearing.
 - Special Education Individual Education Planning Committee (IEPC) hearing.

You MUST attach a copy of the hearing report to this request and, if appearing a miscon Class 1 Misconduct Report. If they are not attached, this form may be returned to the misconduct hearing, a copy of the not have to include a copy of the Hearing Investigation packet.

Submit the completed form to: Hearings Administrator, Department of Corrections, Office of Legal Affairs, P.O.

calendar days of the dat	e of the decision by the hearing officer.	Tariffication Within 50
PRISONER'S NUMBER	PRISONER'S NAME	INSTITUTION
248097	CEDRIC BELL	COTTON (JCF)
DATE OF MISCONDUCT	TYPE OF HEARING (IF MISCONDUCT, LIST CHARGES ALSO	
7/25/13	CLASS 2 MISCONDUCT, CHARGE DISOBEY ELSVATED TO CLASS 1,AT REVISW IM	'ING A DIRECT ORDER
DATE OF HEARING	(BCMD WAS NOT REVOKED) BUT STILL	
B/1/18	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	9/10 020/20/7620
Briefly explain why you belie	ve a rehearing should be ordered: I WAS RETAILA	ATED AGAINST BY
SGT CURTIS, SECO	ND SHIFT, PRIOR TO THIS MISCONDUCT	
		IR BY C/O PAYNE UP-
	1 BY SGT ROOT, THESE STAFF STATED	
	OT STATED I REFUSED A SHAKE DOWN.	
	LLANCE TAPE WAS DENIED AT THE HEAR	1
	N VIDEO SURVEILLANCE DENIED.I WAS	
	URNED OVER. THEN THE CHARGE WAS DI	
	ACK TO THE SAME HOUSING UNIT AND A	
WHERE I WAS TAKE		
	NDICAP PRISONER WITH MEDICAL ACCOM	
	L B-11 BARRIER FREE/WHEELCHAIR ACC	
	STAFF WITH MY CONCERNS AS MY XW M - Was not barrier free/wheelchair A	
	COMMODATION ORDERS OF MY MEDICAL A	The state of the s
CONTROL CENTER T		rold to Just Walt
MY ISSUE WOULD B		
I WAS CALL TO TH		
OUT SIDE AT NORT		HE WANTS TO SEE YOU
	(see attach page)	
SIGNATURE OF PERSON	REQUESTING REHEARING	DATE //
1 0-10		<i>7/25/18</i>
ester		7.0
	DECISION	
☐ Disapproved		
	0.1-2.1	
Approved - Rehearing		
	on –Not filed within 30 calendar days	
HEARINGS ADMINISTRAT	No see The see	DAMMAILED NOV 1 3 2018



F

CEDRIC BELL #248097 APPEAL MISCONDUCT ATTACHMENT DISOBEYING A DIRECT ORDER.

I GAVE SGT CURTIS MY COPY OF (MEDICAL ACCOMMODATION ORDERS) THATS VALID THROUGH OUT ALL MICHIGAN DEPARTMENT OF CORRECTION FACILITY.
SGT CURTIS IS NOT MEDICALLY KIRKNEEN LICENSEN TOO CANCEL OR ALTER A DOCTORS ORDER.

SGT CURTIS IS NOT A MEDICAL STAFF TO DISREGARD MY MEDICAL NEED, UNDER THE AMERICANS WITH DISABILITIES ACT TITLER 2. SGT CURTIS AND C/O RUAL DISCRIMINATED AGAINST ME.

I VIOLATED NO RULES, I WAS NEVER TOLD TO GO LOCK DOWN, THE ABOVE HAPPEN DURNING NORMAL ACTIVITIES WHERE ALL PRISONERS WERE OUT AND ABOUT, THIS STAFF ASK ME TO STAY IN THAT CELL-24 OVER NITE AFTER MOVING ANOTHER INMATE OUT CELL 24 TO ANOTHER HOUSING UNIT, INMATE BURTON.

I WAS NOT GIVEN MY CELL B-11 BACK, BARRIER FREE/WHEELCHAIR ACCESSIBLE.

AFTER THE FALSE REPORT. THIS VIOLATES MODO (OWN) POLICY AND PROCEDURES. (WHY) DID; NT STAFF MOVE THE WHITE MALE INMATE OUT OF CELL B-11 TO CELL B-24 AND HAVE HIM STAY OVER NITE, WHY IS HIS MEDICAL NEED MORE IMPORTANT THAN MINE OR THE RISK FACTOR.

I TOLD SGT CURTIS I WOULD NOT STAY THERE OVER NITE AND RISK MY HEALTH SAFETY, IF SOMETHING HAPPEN THE ADMINISTRATION WILL BLAME ME FOR GOING IN THE NON-BARRIER FREE/WHEELCHAIR ACCESSIBLE CELL AND DUE TO MY MEDICAL CONDITION NEXT NERVE DAMAGES, DROP FEET LEFT/RIGHT, AFO BRACES & LEFT/RIGHT FEET. MEDICAL HISTORY OF FALLING AS KNEES ARE DAMAGE.

(I TOLD SGT CURTIS IT'S SAKER SAFEIER IF I STAYED OVER NITE IN THE CELL I JUST LEFT OUT OF WHICH WAS (L-UNIT-CELL-10) BARRIER FREE/WHEELCHAIR ACCESSIBLE THIS CELL IS IN THE DENTION UNIT SEGREGATION, CONSIDERING MAR I WAS JUST HELD IN THE SAME CELL 19 DAYS FOR NOTHING (FALSE REPORT) WITH VIDEO SURVEILLANCE PROOF. EARN AND RELEASED AT 7 PM.

IN FACILITY STAFF INVESTIGATIVE REPORTS PROVIDED KAS FALSE INFORMATION TO THE ADMINISTRATIVE LAW JUDGE AND DOCUMENTS, THAT (CAUSE BY MA GUILITY FINDING) FALSE REPORT BY HEARING INVESTIGATOR JOEL SALINAS, ARUS HARTNAGEL, RUM KINGAR AND SGT CURTIS:

THESE STAFF MEMBER STATED IN THERE REPORTS AND RESPONSE ARE CLEAR THE E-MAILS DATED JULY 26,2018 12:53pm TO MELISSA, HARTNAGEL:, JAMES, KING:, JOSH, CURTIS:, MICHELLE, COULING:, SIRENA, LANDFAIR:, (ALL M.D.O.C.)
THESE STAFF MEMBER STATED THAT CELLS IN UNIT B FROM 1 thru B ARE BARRIER/FREE/WHEELCHAIR ONLY., (CELL B-11 IS NOT).

THIS WAS SUBMITTED TO THE HEARING OFFICER INPART STATEMENTS THAT WERE AUTHORIZE.

IN MY APPEAL REQUEST AS WELL JUDICIAL REVIEW IF NEED BE, VIDEO SURVEILLANCE EVIDENCE OF THE FOLLOWING CELLS THAT BARRIER FREE/WHEELCHRIR ACCESSIBLE IN HOUSING UNIT (B) CELLS 1 thru 12 on the LEFT SIDE OF THE UNIT. ALL 12 CELLS WILL BE THE SAME THIS VIDEO EVIDENCE WILL SHOW HOW STAFF MISLEAD THE INVESTIGATION WITH FALSE REPORTS BX BY STATING ONLY CELLS 1 thru B.

NOW 90 PERCENT OF THE ABOVE STAFF HAVE 20 YEARS OR MORE AS EMPLOYEES AND EACH STAFF HAVE /HAS CLEARLY WALKED PASS THESE 12 CELLS AS WELL INSPECTED SEARCH EACH CELL AS PART OF DEPARTMENT POLICY., YET THESE STAFF MADE THE CHOICE TO PROVIDE FALSE INFORMATION IN A REPORT THAT DENIED ME CEDRIC BELL #248097 DUE PROCESS RIGHT TO A FAIR HEARING, AND EVIDENCE OF ALL 12 CELLS, THE HEARING OFFICER 061 MARUTIAK IS IN THE FACILITY HE COULD AS JUST WELL WALKED TO UNIT B AND LOOK FOR HIMSELF AT ALL 12 CELLS. AS PROOF. AS WELL THE HEARING INVESTIGATOR SALINAS, WHOM SUPPOSE TO BE AN AIDE IN MY DEFENSE,, MY STATEMENT WAS DENIED AS WELL QUESTIONS TO STAFF AS WELL MEDICAL REPORTS AS I WAS INJURY IN THIS MISCONDUCT OF DISOBEYING A DIRECT ORDER I WAS DENIED THE MEDICAL REPORTS, INCIDENT REPORT, VIDEO SURVEILLANCE

PAGE 1 OF 2 ATTACHMENT



30



OF C/D RUAL WHO DENIED ME ACCESS TO MY MEDICAL QUAD CANE THAT AIDES ME IN WALKING..

MY APPEAL IS BEING FILED LATE DUE TO STAFF BBARBARA CRUPTION I WAS NEVER SUPPOSE TO BE IN SEGREGATION FOR THE MISCONDUCT THE (BOND) WAS NOT REVOKED YET I WAS STILL RECED IN SEGREGATION AND HELD THIS VIOLATES POLICY AS WELL THE RETAILATION THAT WAS DISPLAYED. I WAS DENIED ACCESS TO ANY PROPERTY, STORE ITEMS, MAILING PROCEDURES, STAMPS, LEGAL MATERIALS I REQUEST VIDEO SURVEILLANCE FROM JULY 9,2018 THRU REE SEPT 19,2018 OF UNIT L CELL 10 AT NO TIME WAS I EVER PROVIDE STORE OR A LIST TO ORDER STAMPS TO FILE MY APPEAL OR CONTACT FAMILY OR THE COURTS REGARDING THE CASE #17-695-4A..

SGT CURTIS ORDER WAS DID CREATED A SIGNOFICANT RISK OF HARM TO MY WELL BEING.

CEDRIC BELL #245097 PROVIDED A VALID MEDICAL ACCOMMODATION ORDER:, TO STAFF YET SGT CURTIS VIOLATED THIS MM ORDER.

THEN WRITES ME A MISCONDUCT FOR DISOBEYING A DIRECT ORDER VIOLATION THATS NOT VALID.

THEN THE HEARING OFFICER FINDS ME GUILTY OF HIS CHARGE BASED ON FALSE INFORMATION PROVIDED TO THE RECORD. AS WELL PERSONAL BRXX OPINION OF WHAT I COULD HAVE DONE. NOT THE FACTS, AND EVIDENCE. THE WORDING IS CLEAR IN THE HEARING OFFICER REPORT AS HE SUPPORT THE STAFF CORRUPTION AND VIOLATION OF MEDICAL ORDERS.

VES I REQUESTED TO SPEND THE NITE IN THE CELL I CAME OUT OF IN SEGREGATION WHAT WAS THE PROBLEM WITH THAT. IT MADE PERFECT SENSE. SGT CURTIS DID'NT GO TO CELL 8-11 AND TELL THE WHITE INMATE YOU NEED TO MOVE TO CELL 8-24 AS THIS INMATE WAS PUT IN THE HOLE ON A FALSE CHARGE AND VIDEO WAS DENIED. BUT HE WAS NOT GUILTY AND IT WAS PROVEN, SO HE'S RETURNING TO HISKE CELL AND STATUS PRIOR TO THE MISCONDUCT..

THESE STAFF MEMBERS EVEN DURNING AN INVESTIGATION AS THE RECORD WILL SHOW THE LISTED DOCUMENTS IN THIS REPORT. STAFF LIED AND PROVIDE FALSE INFORMATION KNOWINGLY, IT'S DELIBERATE INDIFFEREDNE. AS WELL CIVIL RIGHTS VIOLATION. STAFF VIOLATES MEDICAL ORDERS: THEN WRITES A MISCONDUCTS OF RULE VIOLATION, AND I GET FOUND GUILTY. HOWS THIS. WHATS THE REMIXEX PENTALY OF THE ABOVE STAFF VIOLATIONS.

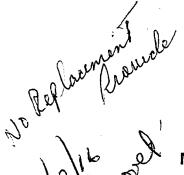
RELEIF SOUGENT

I WOULD LIKE A REHEARING IN THE ABOVE MATTER OR THE CHARGE DISMISSED BY HEARING ADMINISTRATOR AS THE EVIDENCE SHOWS RETAILATION AS WELL ABUSE OF POWER BY SGT CURTIS AND VIOLATION OF MEDICAL ORDERS.

I HAVE BEEN MRANSFERED FROM COTTON CORR.FAC. I AM NOW HOUSED AT ADRIAN CORR FAC. IF MATTERS PROCEED TO JUDICIAL REVIEW AS WELL CIVIL PROCEDURES I WOULD LIKE TO BE COMPENSATED, AS I WAS TREATED DIFFERENTLY FROM OTHER PRISONER WITH MEDICAL NEEDS.



PAGE 2 OF 2





MICHIGAN DEPARTMENT OF CORRECTIONS **BUREAU OF HEALTH CARE SERVICES**

DATE: 05/03/2018 4:16 PM

SPECIAL ACCOMMODATIONS ORDERS

<u>Start Date</u> 08/21/2017 01/30/2015 01/06/2017 01/06/2017 01/06/2017 01/30/2015 08/21/2017	01/30/2015 01/06/2017 01/06/2017 01/30/2015 08/21/2017	Ordered By Bienvenido B. Canlas, MD Mary E. Boayue, PA Marianne D. McKissick, PA Marianne D. McKissick, PA Mary E. Boayue, PA Bienvenido B. Canlas, MD Mary E. Boayue, PA	Order Housir Housir Housir Housir Medica Medica
01/30/2015 06/08/2015		Ramesh C. Kilaru, MD	Medica
RMO approved 12/18/2014	07/18/2016	Randy Lindstrom, RN	Medica
shoes ACMO appr 12/1 01/30/2015 01/06/2017	01/30/2015	erding Mary E. Boayue, PA Marianne D. McKissick, PA	Other: Other:

ng: Barrier free/wheelchair accessible

na: Bottom bunk

ing: Ground floor no steps

ing: May use ramp

cal Equipment/Supplies: Brace AFO cal Equipment/Supplies: Cane- Quad

cal Equipment/Supplies: Glasses

cal Equipment/Supplies: lace up Brace- ankle Bilateral

cal Equipment/Supplies: Prescription shoe, athletic

: At risk of heat-related illness

r: Other, elevator

Document generated by: Amanda A. Peitsch, RN 05/03/2018 4:16 PM Facility: JCF

PROVIDE STAFF CURIS

Name: CEDRIC BELL Inmate ID: 248097

DOR: 08/11/1964



#6

MICHIGAN DEPARTMENT OF CORRECTIONS BUREAU OF HEATH CARE SERVICES

DATE:08/01/2018 9:08 PM

SPECIAL ACCOMIODATIONS ORDERS

01/30/2015 01/30/2015 Mary E. Boayue, PA Medical Equipment/Supplies: Brace AFO 08/21/2017 08/21/2017 Bienvenido B. Canlas, MD Medical Equipment/Supplies: Cane- Quad 01/30/2015 01/30/2015 Mary E. Boayue, PA Medical Equipment/Supplies: Glasses 06/08/2015 Ramesh C. Kilaru, MD Medical Equipment/Supplies: Glasses Medical Equipment/Supplies: lace up Brace- ankle B	08/21/2017 01/30/2015 06/08/2015 RMO approved 12/18/2014 shoes ACMO appr 12/18 01/30/2015	08/21/2017 Bienvenido B. Canlas, MD 01/30/2015 Mary E. Boayue, PA 01/06/2017 Marianne D. McKissick, P/ 01/06/2017 Marianne D. McKissick, P/ 01/30/2015 Mary E. Boayue, PA 08/21/2017 Bienvenido B. Canlas, MD 01/30/2015 Mary E. Boayue, PA 06/08/2015 Ramesh C. Kilaru, MD 07/18/2016 Randy Lindstrom, RN 8/14 Dr Borgerding 01/30/2015 Mary E. Boayue, PA	Medical Equipment/Supplies: Cane- Quad Medical Equipment/Supplies: Glasses Medical Equipment/Supplies: lace up Brace- ankle Bilat Medical Equipment/Supplies: Prescription shoe, athletic Other: At risk of heat-related illness
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Document generated by: Amanda A. Peitsch, RN 08/012018 9:20 PM Facility: JCF

Name: CEDRIC BELL Inmate ID: 248097

DOB: 08/11/1964



RICK SNYDER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF CORRECTIONS LANSING

HEIDI E. WASHINGTON DIRECTOR

STEP III GRIEVANCE DECISION

103586

28E

To Prisoner:

Bell

248097

Current Facility:

Grievance ID #:

JCF-18-09-1964-28E

Step III Received:

12/5/2018

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance Section, Office of Legal Affairs

Date Mailed:

DEC 1 0 2018

cc: Warden, Filing Facility:

12/18/18 4:45 PM RECERVED GO PERSONER

Case 2:20-qv-10193-MFL-APP; ECF No.1-1./HageID.109, Filed 01/24/20 Page 9.0f 100 IDENTIFICK NUMPER PLEASE EVEN IF TRANSFERF I MICHIGAN DEPARTMENT OF CORRECTIONS 4835-4247 10/94 PRISONER/PAROLEE GRIEVANCE FORM CSJ-247A Grievance Identifier: JCF18 1091 Date Received at Step I If youthive any questions concerning the give PD 03:02:130 and 0P 03:02:130 e in the prison Law Librar Name (print first, last) Number Institution Lock Number Date of Incident Today's Date 248097 COTTON EDKIL What attempt did you make to resolve this issue prior to writing this grievance? On what date? OM If none, explain why. I REGINSTED AIM AIDPENL A DIRECT CKLIKE BY LIT LIDERS NINDER KINK THIS APPEN PARKET WAS SMEAN TOTAL IS TONE I NEEDE State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. VICENTIAN OF CONTINUED AND KINIT AND CIVIL KINITS 1974 UNEMDAILNT. DUE MISSING FROM THIS AFRENL PAIKET MEUSIAL KEILT; INCLUENT KEPPINT, CRITISIAL REPORTS BY NUMBER ROSELL RN AS WELL KIML KEPERT. AS THE APPLY DECLINEATES AND VEHER SURVELLA-NCE ARE MIRT OF MY AFFERL OF KIGHT AND INERE DENIEDS I CAN ONLY ADDRESS THESE MINTER NOW BY FEDERAL LUTICATION IN THE COURTS. I WOULD NERV MUCH LIKE THESE ARIVE KEPERIS. AS THEY ARE PART OF ALLSCONDUCT AND KELOKO FOR MY LITICATION THE COURTS AT THIS POINT IN EASTERN FELLERAL HISTORICA COURT AND I WHILED LIKE TO SUBMIT TO THE CLUKTS AS I AND BEING TRANSFERED AWAY FROM MY FAMILY AND PELNE TRENTED DIFFERENTLY FROM OTHER ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.) RESPONSE (Grievant Interviewed? Date Reviewer's Signature Respondent's Signature Reviewer's Name (Print) Working Title Working Title Respondent's Name (Print) Date Returned to If resolved at Step I, Grievant sign here. Grievant: Resolution must be described above. Date Grievant's Signature DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

RA KUSTILL

Michigan Department of Corrections
GRIEVANCE REJECTION LETTER

JCF18 09 1964 288

DATE:

9/4/2018

TO:

BELL

248097

LOCATION: JCF

L10

FROM:

Grievance Coordinator: McCumber-Hemry

SUBJECT:

Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding

grievance untimely-018 and was rejected due to the following reason:

was received in this office on 9/4/2018 and was rejected due to the following reason:

The Step I Grievance Office staff have carefully examined the content of your Step I grievance. This examination reveals that you have exceeded your time limits in filing a grievance on issue(s) that concern you, and at the same time provided no reasonable circumstance beyond your control that would have prevented you from filing this grievance in a timely fashion. This office is returing you grievance to you without investigation for these reasons. If you have further questions consult OP 03.02.130, which is available in the institutional library.

Any future references to this grievance should utilize this identifier:

JCF / 2018 / 09 / 1964 / 28E

Respondent

Date

Reviewer

Date

EN Case De W-10193-MFL-APP ECE No. 111 Plage B 311 OF flet 01/2/120/ Fage 11 of 100

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09 CSJ-247B

Date Received by Grievance Coord at Step II:	linator Grievano	ce Identifier:	CF1810	9 1964286]
INSTRUCTIONS: THIS FORM IS OF The white copy of the Prisoner/Park with a Step I response in a timely is II and Step III. If you should decide to appeal the Step I you should decide to appeal the Office, P.O. Box 30003, Lansing, Minimum 1997.	plee Grievance Form CSJ manner) MUST be attach tep I grievance response to the second of the second of the second response you receive at S	-247A (or the go led to the white o Step II, your a not submitted b	oldenrod copy if copy of this for ppeal should be y this date, it w	m if you appeal it at both Step directed to: ill be considered terminated.	***
Name (Print first, last)	Number	Institution	Lock Number	Date of Incident Today's Date	1
CEDRIC BELL	248097	COTTON	2-10	8-15-18 9-14-18	
STEP II — Reason for Appeal	SUE UN RESOLUE	AT STEP	1.45 UN	TMELY.	
THE DECISION BY S			•	the state of the s	SH
WE PRICESS AND OTH	FRS CHAIL REG	MIS TITL	A 基 AbA	WEST ATSOMS.	
(A DMINISTRATINE RE					
SEEKING RELIEF UX STEP 1 ATTACHED FI STEP II — Response			**************************************	Date Received by Step II Respondent:	
	ng dan mengan ber <mark>ge</mark> Z				10)
		•		Date Returned to	1
			· · · · · · · · · · · · · · · · · · ·	Grievant:	
Respondent's Name (Print)	Respondent's Signatur	e (Date		j
STEP III — Reason for Appeal THE REQUESTED INFO OFFICE OF LEGAL AF AMERICAN BARBARARA BY THE LISTED STAF RME POWER. ADMINIS 1983 AS THIS COMPL	RMATION WAS FOR FAIRS, AS WELL RABBARABBERARB F(ONDER TITLE 2) TRATIVE REMEDIES	AN APPEAL REVIEW BY 1 ABAMBMERES , OUT OF 1 B EXHAUSTER	TO THE H THE MEDICA DISABILI RETALIATION	BELETE BY 12 4 6 6	<u>R</u>
NOTE: Only a copy of this ap	peal and the respon	se will be ret	urned to you		- -
STEP III — Director's Response	e is attached as a sepa	rate sheet.		***	- -
DICTOIDUTION MANY	Chan III. Caran Chan	Diale Deser	- h- Ch- II- C		\$\frac{1}{2}



G. Robert Cotton Correctional Facility

Step II Grievance Response

Grievant: Bell # 248097

Grievance #: JCF-2018-09-1964-28E

I have reviewed the Step I grievance, Step I response along with the associated Step II reason for appeal. The Step I grievance was rejected for the complaint being filed on a non-grievable issue. At Step II you dispute the rejection.

Grievance Rejected

PD 03.02.130 "Prisoner/Parolee Grievances" defines what is grievable and non-grievable. The grievance is filed in an untimely manner. The grievance shall not be rejected if there is a valid reason for the delay; e.g. transfer.

The step I rejection has been reviewed by the Warden's office in accordance with P.D. 03.02.130 "Prisoner/Parolee Grievances" and the **REJECTION IS UPHELD AT STEP II**

K. Lindsey, Warden

Respondent's Name/Position

Respondent's Signature

Datte

EXIII.13.1.1 5 PAGES GRIEVANCE S VIDEO TAPE EVIDENCE PAYNE / KOOT CURILS / KUAL JCE-15-08-1943 232

Case 2:20 0 19193-MFL APR ECF. No. 1-1, PageID.114 Filed 01/24/20 Page 14 of 100

G



GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON DIRECTOR

STEP III GRIEVANCE DECISION

104138

281

To Prisoner:

Bell

#: 248097

Current Facility:

mut

Grievance ID #:

JCF-18-08-1943-28I

Step III Received:

1/2/2019

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance

Date Mailed:

JAN 1 4 2019

Richard D. Russell, Manager Grievance Section, Office of Legal Affairs

cc: Warden, Filing Facility:

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, Pagetp.115 Filed 01/24/20 Page 15 of 100 To: JEF WINKIEM MICHIGAN DEPARTMENT OF CORRECTIONS 4835-4248 5/09 PRISONER/PAROLEE GRIEVANCE APPEAL FORM CSJ-247B Grievance Identifier: UMIIION IN INTE Date Received by Grievance Coordinator at Step II: INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner MUST be attached to the white copy of this form if you appeal it at both Step II and Step III. If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: . If it is not submitted by this date, it will be considered terminated. If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909. TO ADRIAN CORR.FAC. Name (Print first first) Date of Treident & Teday's Date Institution > ock Number CEDRIC BELL WAS THIS APPEAL ATED): AGAINST BY C/O PAYNE AND WELL RETAILATED ABBUST AGAINST ME ON JULY 25, 20. DING MEDICAL ACCOMMODATION MOTICE IN BOTH INCIDENTS. . DECAUSE Date Received by Step II Respondent See Allauhed Date Returned to Grievant: Respondent's Name (Print) Respondent's Signature (ISSUE UNRESOLVE AT STEP 2) STEP III - Reason for Appeal I APPEALED TO/ HIGHER LEVEL OFFICIALS WARDEN LINSEY WITH A WAIK VALID COMPLAINT AS I WAS IN SEGREGATION DETENTION CELL WITHOUT JUSTIFICATION THE BOND WAS NOT REVOKED WET I WAS DENIED THE DUE PROCESS TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT THE RETAILATION IS CLEAR AS TO STAFF ACTIONS OF INVIDIOUS DISCRIM-INATION BASED ON RACE ILLEGALLY CONFINEMENT AS STAFF VIOLATED THEY OWN RULES AND VIOLATE MY STATE/FEDERAL CONSTITUTIONAL RIGHTS. AS WELLDENIED DOCUMENTS: NOTE: Only a copy of this appeal and the response will be returned to you. STEP III — Director's Response is attached as a separate sheet. DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

G. Robert Cotton Correctional Facility

Step II Grievance Response

Grievant: Bell # 248097

Grievance #: JCF-2018-08-1943-28I

I have reviewed the Step I grievance, Step I response along with the associated Step II reason for appeal. The Step I grievance was rejected for the complaint being filed on a non-grievable issue. At Step II you dispute the rejection.

Grievance Rejected

PD 03.02.130 "Prisoner/Parolee Grievances" defines what is grievable and non-grievable. The grievant failed to attempt to resolve the issue with staff member. The grievance shall not be rejected if there is a valid reason for the delay; e.g. transfer.

The step I rejection has been reviewed by the Warden's office in accordance with P.D. 03.02.130 "Prisoner/Parolee Grievances" and the **REJECTION IS UPHELD AT STEP II**

K. Lindsey, Warden

Respondent's Name/Position

Respondent's Signature

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.117 Filed 01/24/20 Page 17 of 100 ENAING TRANSFER SINCE MICHIGAN DEPARTMENT OF CORRECTIONS I WOLLD LIKE A RECEIPT 4835-4247 10/94 PRISONER/PAROLEE GRIEVANCE FORM Grievance Identifier: Date Received at Step I JEO. 102. EU available in the c Name (print first, last) Institution Lock Number 248017 (OTTON EUKIC LE! What attempt did you make to resolve this issue prior to writing this grievance? On what date? No No. If none, explain why. INDIVICE PLACE PROBLEMS TONIC CIVIL RICHTS VICLATION AND CONSTITUTIONAL State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. MOULL THE VIDEO SURVETLLANCE AND ALBOMBUCT KEIKK JULY 4, 2018 BY OFFICE PAYNE AND SET KUT AS WELL INIVESTICATION REPORT BY INVESTMENTER (SALINAS). HEARING OFFICER STALE LEWIS CHAFTBER, JULY 95. 40 P. (071). AS WELL THE MISCONDUCT KEPERT BY (SGT CIKES, J ON JULY 25, 2018 AND ALL STATEMENTS; KEROKTS; AND MEDICULE REPORTS, VIDEO SURVELLIAM E: BY INVESTIGATOR GALENAS). HEARING OFFICER MICHAEL MAKUTENK OGI AUGUST I JOHA. ALL THE ABOVE SHALL BE PERSERVE AND TOKA, OVER TO FEDERAL DISTRACT COINT ENSTERAL Yes No No, give explanation. If resolved, explain resolution.) RESPONSE (Grievant Interviewed? Respondent's Signature Working Title Respondent's Name (Print) Date Returned to If resolved at Step I, Grievantsign here. Grievant: Resolution must be described above. Date Grievant's Signature DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

Michigan Department of Corrections GRIEVANCE REJECTION LETTER

BELL

DATE: 8/30/2018

TO:

248097

LOCATION: JCF

L10

FROM:

Grievance Coordinator: McCumber-Hemry

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding Failed to attempt to resolve the issue with staff was received in this office on 8/30/2018 and was rejected due to the following reason:

The grievant did not attempt to resolve the issue with the staff member involved prior to filing the grievance unless prevented by circumstances beyond his/her control of if the issue falls within the jurisdiction of the Internal Affairs Division in Operations Support Administration.

Any future references to this grievance should utilize this identifier:

JCF / 2018 / 08 / 1943 / 28I

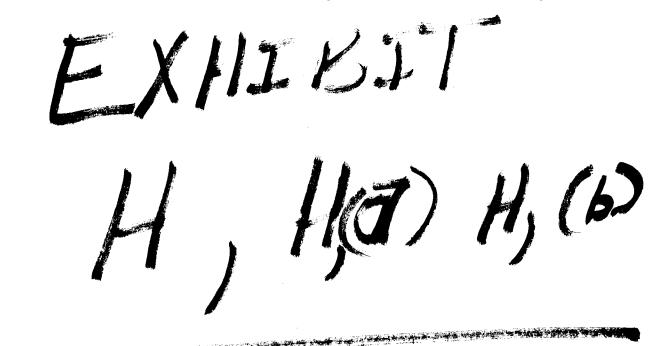
Respondent

Date

Reviewer

Date

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.119 Filed 01/24/20 Page 19 of 100



DENYED TREMINEND TOLLOW UP TREMINION

H,6 GRZEVIINCE(S) SUPPOKI NO TRENIMENT THESE LISTED MEDICAL GRIEVANCES THERE ARE (14), AND EVIDENCE OF THE DEATH OF PRISONER (SANDERS #148207 ON JANUARY 8,2020), WHO HAD CANCER AND IT WAS A SPOT ON HIS LIVER TO START WITH, AND THE MEDICAL NEGLECT, OF DELAYED TREATMENT FOR YEARS AND DENIED TREATMENT, AS IT SPREADED TO HIS BONES. A

I HAVE NOT HAD ANY FOLLOW UP TREATMENT AS INSTRUCTED BY ANY EMERGENCY-ROOM HOSPITAL OR THE PRESCRIBE MEDICATION HAS EVER BEEN GIVEN.

- 1. ADRIAN CORR. FAC. 2018-10-2714-28C (E-MAIL FROM MEDICAL TELLING STAFF TO TO REJECT GRIEVANCEME OF MEDICAL NEEDS)
- 2. COTTON CORR.FAC. -2013-08-1943-281
- 3. MRR MACOME CORR. FAC. 2016-09-1735-26C
- 4.MACOMB CORR.FAC.-2016-T0-1900-121
- 5. MACOME CORR. FAC. 2018-10-11921-172
- 6.MACOMS CORR.FAC.-2016-10-1925-208
- 7. MACOMB CORR.FAC. 2016-10-1922-122
- 8. MACOMB CORR. FAC. 2010-10-1923-28A
- 9. MACOMB CORR.FAC. 2010-10-1880-082
- 10. MACOMB CORR. FAC. 2015- 10-1937-12Z
- 11. MACOMB CORR. FAC. 2016-10-1933-23B
- 12. MACOMB CORR.FAC. 2010-11-2109-26E
- 13. MACOMB -2016-11-2152- 28E
- 14. MACOMB CORR.FAC. 2016-11-2162-12D

AXX

- 1 EMERGENCY ROOM HOSPITAL MCLAREN MACONE (DISCHARGED SUMMARY)
- 2. EMERGENCYROOM MOUNT CLEMENS MEDICAL CENTER (DISCHARGE SUMMARY)
- 3. EMERGENCYROOM HENRY FORD HOSPITAL (SUMMARY DISCHARGE SUMMARY)
- 4. EMERGENCYROOM HENRY FORD MACOMB HOSPITAL CLINTON (SUMMARY DISCHARGED)

Copy to XHEAITHSERVICE X AS Oliver Law Group P.C. I don't get A

response from them 363 W. Big Beaver Rd., Suite 200, Troy, MI 48084 • Office Tel: 248-327-6556 • Toll Free: 800-939-7878 • Fax: 248-436-3385 • Email: info@oliverlg.com

> Lindsay Marino (248) 327-6556 lmarino@oliverlg.com

December 6, 2016

Macomb Correctional Facility Inmate No. 248097 - Cedric Bill 34625 26 Mile Road New Haven, MI 48048

Authorizations for Release of Health Information

Mr. Bell:

Submitted by Cedric Bell #248097 1-25-17

TO: WARDEN At MACOMB Corr. FAC

Enclosed please find ten (10) blank Authorizations for Release of Health Information. Please use these to obtain the necessary medical records that are needed to support your potential claim. Please note that you are responsible for any fees associated with obtaining these medical records; please make a note when requesting the records, that any associated fees should be billed to you.

Once you receive the medical records, please forward them to our office for review, so that we may evaluate whether or not we feel your potential claim merits further action.

Please feel free to contact our office with any julistions of conterns that you may have.

Sincerely,

Paralegal/Bookkeeper

Recorps office

Health Service Dept.

Medical Information to the listed below.

Attorney office, Brother Joseph Osborne, Daughters Dorother/Dorothy Crawford, Justice Department, AChly NAMEP, CDC, CIVIL Rights Dept. Fox News

PAGE 102



HELPING THOSE WHO HAVE BLEN HARMLD WITH EXPERIENCE, DEDICATION AND TRUST

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name:		Record Number:
Date of Birth:		Security Number:
 I authorize the below 	use of disclosure of the above named	I individual's health information as described
The following	individual or facility is authorized to m	ake the disclosure:
Address		
	amount of information to be used or di	
Entire Medical Record*	Discharge Summary Reports	Operative Report
Abstract of Record**	Doctors Orders	Pathology Report
Pathology Slides/Blocks	ECG/EKG Reports	PT/OT Notes
Radiology Films	Emergency Room Record	Pulmonary Reports
Ambulance Record	Face Sheet	Radiology Reports
Autopsy Report	Gastrointestinal (GI) Lab Repor	
Cardiac Catheter Report	History and Physical Report	Diagnostic Photos-Specific
Consent Forms	Pharmacy Records	Psychiatric Records
Consultation Reports	Neurodiagnostic Reports	Implant Barcode Other
*Entire Medical Records include:		_
	des the History/Physical Report, Opera	ative, Consultation and Discharge
Summary Reports and diagnosti	c test results.	
I understand that the state of the stat	ne information in my health record may	y include information relating to sexually
transmitted disease	e. acquired immunodeficiency syndror	ne (AIDS), of human immunodeficiency virus
		r mental health services, and treatment for
alcohol and drug a		,
		may not be conditioned on obtaining the
individual's authori	zation or if conditioning is permitted by	the privacy rule a statement about the
	efusing to sign authorization.	, ,
	ay be disclosed to and used by the fol	lowing individual or organization:
	Oliver Law Gro	up PC
	363 W. Big Beaver	Rd., #200
	Troy, MI 480	
	248-327-6556/Fax: 24	48-436-3385
For the purpose of: Litigation		
		on at any time. I understand that if I revoke written revocation to the health information
		on will not apply to information that has already
been released in re	esponse to this authorization. I unders	tand that the information released pursuant to
the authorization is	subject to re-disclosure by the recipie	ent and may no longer be protected by the
HIPAA rule. I unde	rstand the revocation will not apply to	my insurance company when the law
provides my insure	r with the right to contest a claim unde	er my policy. Unless otherwise revoked, this
		ondition: the end of Litigation. If I fail to
	on date, event or condition, this author	
	cument shall have the same authority	as the original, and may be substituted in its
place.	1 1 41 41 41 41 45 41 45 41	in authorization
I comprehend that	I have the right to receive a copy of th	is authorization.
Signature of Patient or Legal F	Poprocentative	Date
Signature of Fatient of Legal F	representative	Date
Relationship to Patient		

PAGE 2 Of2

Nethercott, (MDOC)

From: Sent:

Nethercott; (MDOC) Thursday, November 01, 2018 1:24 PM

To:

(MDOC)

Subject:

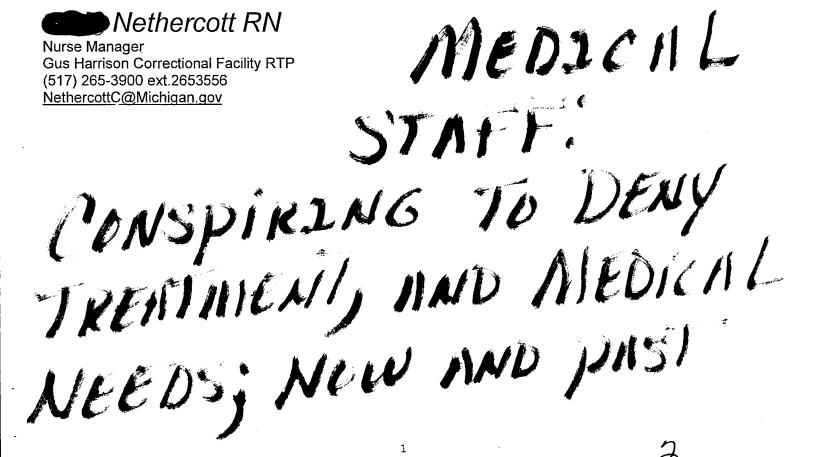
EVIDENCE Ream, STATI CORUPTION Reject ARF-18-10-2714-12D

Grievance Coordinator Ream,

I've read over Inmate Bell's grievance ARF-18-10-2714-12D. Please submit a response for rejection as it is both untimely and presenting with multiple unrelated issues within the body of this Step 1. This is in accordance with PD 03.02.130 Section G with the following support:

- 1. The grievant claims in grievance ARF-18-10-2714-12D that his boots were taken in July of 2017 and not returned to him while also requesting return of boots in this grievance, making this an untimely grievance.
- 2. The grievant is requesting the return of his boots that were taken in 2017. Requesting the name of the doctor that treated him on July 2, 2018. Claiming that his medical records were changed. Claiming that the staff of URF gave false information to the medical staff in 2017 and that the false information was added to his medical record. Claiming that he is being retaliated against by medical staff because of something that happened at MRF and JCF. Claiming that he was denied proper follow up treatment and that he does not receive call outs for his appointments. All are multiple unrelated issues.

Thank you,



Case 2/20-cv-19183/MFL-APP /FCF-No/14, Pager 1/24 File 001/24/20 Page 24 of 100

GAN DEPARTMENT OF CORRECTIONS ONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94 CSJ-247A

CEDRIC BELL 246097 ADRIAM 3-159-8 10-19-18 10-19-18 10-19-28 ADRIAM 3-159-8 10-19-18 10-19-18 10-19-18 10-19-18 ADRIAM 3-159-8 10-19-1	Carlo Brate la carrel include de la	nio parinamente e esta e los anos			· ()
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Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.126 Filed 01/24/20 Page 26 of 100

Michigan Department of Corrections GRIEVANCE REJECTION LETTER

DATE:

11/8/2018

TO:

BELL

248097

LOCATION: ARF

159B-3

FROM:

Grievance Coordinator: Ream

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding

MULTIPLE ISSUES,

was received in this office on 10/23/2018 and was rejected due to the following reason: Your grievance is being returned to you without processing for the reason that you are in violation of PD-03.02.130. This procedure states that you must limit your grievance to one (1) issue per grievance. You have included more than one (1) issue as prescribed in this procedure. Grievance denied at first step.

Any future references to this grievance should utilize this identifier:

ARF / 2018 / 10 / 2714 / 28C

Respondent

Date

Reviewer

Date

WEN CAMPBELL

SEE ATTACH 4 PAGES

STEP 1

4835-4248 5/09 CSJ-247B

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

			003 2 17 2
~	9/7	* * .	7 O. C.

Date Received by Grievance Coordinat Step II:	nator Grievano	e Identifier: 🥂	KH/1811	0 6/11	41 206
INSTRUCTIONS: THIS FORM IS ON The white copy of the Prisoner/Parol with a Step I response in a timely m II and Step III.	ee Grievance Form CSJ-	247A (or the go	ldenrod copy if	you have not b m if you appeal	een provided it at both Step
If you should decide to appeal the Ste	p I grievance response to	o Step II, your ap not submitted by	opeal should be this date, it wi	directed to:	d terminated.
If you should decide to appeal the re Office, P.O. Box 30003, Lansing, Mic	•	Step II, you sho	uld send your S	tep III Appeal t	o the Director's
Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
CEDRIC BELL	248097	ADRIAN	3-159-B	10-19-18	11-17-18
EDICAL NEED, CONDITION AS EING NEGLECTED AND MEDIC ROVES THIS .(RN.NETHERCO EJECTION OF THE GRIEVANC ANY) DOCTOR'S WHO HAS PER HAS REMOVE WHAT MEDICATH THESE FOLLOW UPS, 9-23	CAL REPORTS FROM OTT, NURSE MANAGE CE/COMPLAINT. BE ROVIDE ANY FOLLE AL STAFF ATTEMPT 3-16,9-22-16,2-4	M THE LISTE GER) HAS PE JT YOU RN P JW UP TREAT FING TO SAY 1-17,2-7-17	ED 3 DIFFE ROVIED HIS NETHERCOTT IMENT OR H WHATS CA 7 ALL FROM	RENT EMERG /HER REASO CAN NOT P AS SEEN/TR	ENCYROOM N FOR THE ROVIDE \$AN EATED ME S GOING ON ROOM HOSP.
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Respondent's Name (Print)	Respondent's Signature	e C	Date	11 3	1618

LATER AND NOT BY A DOCTOR(s). BECAUSE I HAVE FILED GRIEVANCES REGARDING TREATMENT AS IT IS CLEAR, STAFF CONSPIREING OR CLEAR RETALIATION FOR FILING.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

Case 2:20-cv-10193-MFL-APP ECF No. 1-1 PageID 128 Filed 01/24/20 Page 28 of 100 ARF/201610/2714/266

CROHEC BELL 1/ 24-0007 // 8000000 // 3-10 -- 1 // 13-15-10 //17-10-1 XXXXAAAAAAAAAAA

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STEP II PRISONER GRIEVANCE RESPONSE

Prisoner Name Bell	Number 248097	Institution ARF	Lock 3-159-B	Date of Incident 10/19/2018
Respondent UL	Title	Date	Grievance	e Identifier
Warden Campbell	ARF Warden	11/20/2018	ARF/ 2	2018/10/2714/28C

The Step I rejection has been reviewed by the Warden's Office in accordance with PD 03.02.130 Prisoner/Parolee Grievances and the rejection is upheld at Step II.

Case 2:20-07-10193-MFL APP FCF No. 1-1, PageID.130 Filed 01/24/20 Page 30 of 100

STATE OF I

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON DIRECTOR

STEP III GRIEVANCE DECISION

104151

28C

To Prisoner:

Bell

#: 248097

Current Facility:

MR

Grievance ID #:

ARF-18-10-2714-28C

Step III Received:

1/2/2019

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance

Date Mailed:

JAN 1 4 2019

Section, Office of Legal Affairs

cc: Warden, Filing Facility:

MICHIGAN DEPARTMENT OF CORRECTIONS - Bureau of Health Care Services TO: Requestor Name and Address Bell. Cedric 248097 Sea012 Number Brenda Hunter, MBA, RHIA, CHTS-IM Health Information Dept.: MRF FROM: Institution SUBJECT: Request for Health Record Information 9/26/2016 DATE: Your request for opies copies review of your health record has been received. This request is not being processed under the Freedom of Information Act (MCL 15.231 et seq.) because health records are not public documents. It is being processed under the Medical Records Access Act (MCL 333.26261 et seq.). Your request can be processed after completion of the following steps: M M Complete the attached authorization form, stating specifically what information you are requesting. 1. Forward a completed disbursement voucher, in the amount of 2 pages x \$.25 per page). Submit a check or money order for the amount of \$ pages) 3. An initial fee of \$23.42 per request for a copy of the record. One dollar seventeen cents (\$1.17) per page for the first 20 pages. Fifty nine cents (\$.59) per page for pages 21 through 50. Twenty three cents (\$.23) per page for pages 51 and over. Make check or money order payable to STATE OF MICHIGAN. Send payment to: Macomb Correctional Facility 34625 26 Mile Road . Attn: Medical Records New Haven, MI 48048 **Facility Name** Your request cannot be processed for the following reason(s): B. Review of health records is not permitted. You may obtain copies of your health record by following 1. the steps above in "A". ☐ The information you have requested is not contained within your health record. 2. A more precise description of the information you are requesting is needed. Please describe the 3. information you want in greater detail. Other: 4. Your request has been forwarded to Duane L. Waters Hospital, 3857 Cooper St., Jackson, MI 49201. C. Enclosed are the health record copies you requested (pages enclosed). D. E. Travertidatike All MEDICAL RECORDS COPIED MCLAREN HOSpitAl MACOMB 9-22-16 Received by MACOMB COTT. FAC. 1745 We Patient Identification RESPONSE TO REQUEST FOR HEALTH Bell, Cedric Name: RECORD INFORMATION Number: 248097 D.O.B.: 8/11/64 DISTRIBUTION: White - Requestor; Canary - Health Record

ECF No. 1-1, PageID.131 Filed 02/24

() Case 2:20-cv-10193-MFL-APP

BUTION: White-Requestor; Canary-Health Record

Tisbursement Attached for Copies 9/30/16

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NUMBER 2480	<u> </u>	LOCK SEG#		
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You will not be denied he	alth care services for la	ack of personal funds. Howeve bt and shall be collected as set	forth in PD 04.02.105, "Pri	soner Funds".
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Signing this document for	mally requests treatme	int. In addition, it authorizes to hat treatment, to review treatments desiring to charge for the car	ent, to respond to a related	grievance, or to review any
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for one of the reasons list	ed below in Section F	It I am cuarded for min and a	Date:	
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tospit	AN I have	e CANCET	ON the	liver my	7 C / / /	HIGGI
1-23-	16 AND FO	ollow up -	IS KEGUI	recx		
NOTICE	TO PRISONER	,		10 4 3	t h a-ra a document	e funds the
payment wi	be denied health care ser ill be considered an insti	intional debt and shall b	e collected as set to	тштт ря.02.105,	TIMOHOL I MA	
gning this d	document formally reque	sts treatment. In additio	on, it authorizes the	DOC to treat or arran	ge treatment for	you and to release
ער מפטפט לבי	nocument formally reque medical information to ay make regarding the D	facilitate that treatment	to review treatment	t, to respond to a relat	ed gnevance, or	to leview any
		•	-	\mathcal{N}		
have read S	ection D above, or it has	been read to me and I u	inderstand that I will	be charged \$5.00 for	my health care	visit unless it is
n one of the	ection D above, or it has reasons listed below in	Section F. If I am charg	ged for this visit, I as	gree that the \$5.00 III.	TY DE LAKEIL ITOLIL	my account.
nisoner Sign	nature:	· <u>· · · · · · · · · · · · · · · · · · </u>		Date.		3
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INSTRU	CTIONS TO PRISONI	ER (Au)	man d	isuss th	is just	th
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Signature:	0.00	Λ	Title: RN	Provider #:	1618 Da	= 9-24-16
		Juno	·		<u> </u>	
COPAYI		l out by health care): tions listed below apply	check the box belo	w and a copay will b	e charged	
Note	THOUSON WE SYCED	QHP (includes transfer	assessments chroni	c care clinics, intake	and annual scree	ning,
Care that is:	. and required for	ollow-up care)		•		2016 SEP 24 PF 5
	for injuries that	t are work-related as do	cumented by the pri	soner's work supervi	SOI .	
	requested for t	esting for HIV, STD's, i	mfestations, or repor	table communicable	diseases .	1
	requested for e	evaluation, consultation, medical emergency (se	or treatment of a m e Section I of the no	licy, if self-inflicted)		
	* DEDUCTOR (LOV 2)	THEMOST OFFICE KOTTO & (SO	P ·	, ,		i i
			and certify not	ne of these exception	s apply.	
	I have reviewed the vi		and certify not	ne of these exception. Provider #	s apply. Da	te:

MICHIGAN DEPARTMENT OF CORRECTIONS **DISBURSEMENT AUTHORIZATION/CATALOG ORDER FORM**

CAR-100 4835-1100

Prisoners write clearly-illegible/incomplete forms will not be processed.	Date: 9-30-16			
Prisoner Number: Prisoner's Last Name: Institution:	Lock Number:			
Pay To: Breadn Hunder, men, RHIA, CHTS-IN				
Address: MEDICAL RECORDS Dept.	Cost/Amount			
MINCOMB COTT. FRE	\$ 1.75			
Reason/Description: (If to relative, identify relationship)				
COMPLETE THIS PORTION FOR CATALOG ORDERS ONLY				
Page Description of Item Unit Catalog Color S	Size Qty Unit Price Total Price			
COPIES OF (ALL) MEDICE) L \$ \$			
RECORDS From MCKNKEN	1/0505/11			
1)1ACOMD /10n, 9-21-16	thir 9-23-16			
195 1001/ CHJ-168 medical Regues	+ Form I			
13 Well CHT-268 medical Regues	44 FAC BOHEN			
((E) 01her)				
Sub-Total	\$ 1.75			
The control of the co				
Tax (if applicat	ble)\$			
Total Amount E	Enclosed \$			
Prisoner's Signature Date Deputy Warden or Au	de Spiral France			
Prisoner's Signature Date Deputy Warden or Au	thorized Agent / Date / Date			
R.U.M. or Authorized Agent Date Warden or Authorized	Agent Date			
Code Actual Expense Batch Number				

Distribution: White-Business Office; Canary-Vendor; Pink-Property; Goldenrod-Prisoner

Provid 18/5/16

4835-7549

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

4835-7349 CHJ-549 11/05

HEALTH CARE REQUEST
PRISONER: COMPLETE SECTIONS A THROUGH D
A NAME: CEDRIC BELL FACILITY: MRF
NUMBER: 248097 LOCK: 3-90-B DATE: 8/21/16
B. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent
□ Dental □ Medication Refill □ Medical □ Optometry □ Mental Health □ Urgent
C. I have the following problems/symptoms: ON 8/9/16 I WENT to DWH orthotics And
WAS SPZE AGAIN FOR ANKle Supports, Knee Sports, Footwear for
my (AFO'S) Left + Right, Also the repair of my Right boot, I
WAS told I WAS Approve by ACMO ON 5/11/16. This WAS the
SAME thing done on S/26/16; When will I be going back
to nick up the Items ?
D NOTICE TO PRISONER FOILOW UP TEATMENT
You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.
I have read Section Dabove, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.
Prisoner Signature: Date:
PRISONER: DO NOT WRITE BELOW THIS LINE
E INSTRUCTIONS TO PRISONER De vielle be notified by call cut when trede
items are creaty for sich sup watchefor your calloret.
2016 AUG 19 PM 9:5
C-C UA CI GAUNTO2
An appointment has been scheduled for you on: Date:
Signature: Apacielia Title: R. Provider #: 16069 Date: 8-21-16
F COPAYMENT (to be filled out by health care):
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening,
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor requested for testing for HIV, STD's, infestations, or reportable communicable diseases
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor requested for testing for HIV, STD's, infestations, or reportable communicable diseases requested for evaluation, consultation, or treatment of a mental health need
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: • requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) • for injuries that are work-related as documented by the prisoner's work supervisor • requested for testing for HIV, STD's, infestations, or reportable communicable diseases • requested for evaluation, consultation, or treatment of a mental health need • prompted by a medical emergency (see Section I of the policy, if self-inflicted)
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor requested for testing for HIV, STD's, infestations, or reportable communicable diseases requested for evaluation, consultation, or treatment of a mental health need

Case 2:20-cv-10193-MFL-APP ECF Near of Heart 138 Filed 01/24/20 Page 38 of 11/05

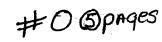
HEALTH CARE REQUEST		·
	PRISONER: COMPLETE SECTIONS A TI	HROUGH D
A NAME: CEDRIC BELL	(FOLLOW UP)	FACILITY: MACOMB
NUMBER: 248097	LOCK: 1/75/B	DATE: 12-2-16
B. This Health Care Request is for the	ne following (check one or more):XXXXealth Rec	cord Copies Non-urgent
Dental Medication Re	fill Medical Optometry M	lental Health Urgent
C. I have the following problems/syn	AND POLLOW OF ON 20 2	20-16 WHILE SPEAKING MIXH
	ZAA NURSE CAN IN AND ASK M	
RELEASE FORM TO ALLE	EGIANCE HEALTH HENRY FORD HO OPY OF THIS RELEASE FORM I F	FILLED OUT AS WERK WELL
·	ATION THAT WAS RELEASE TO THE	HEM AND THE DATE ITMXX
IT WAS SENT IF I	POSSIBLE THE PERSON NAME THA	AT IT WAS SENT TO.
D NOTICE TO PRISONER		
	rvices for lack of personal funds. However, if yo itutional debt and shall be collected as set forth in	
any necessary medical information to	ests treatment. In addition, it authorizes the DOC facilitate that treatment, to review treatment, to repartment's decision to charge for the care.	to treat or arrange treatment for you and to release respond to a related grievance, or to review any
	been read to me and I understand that I will be c Section F. If I am charged for this visit, I agree to	that the \$5.00 may be taken from my account.
<u> </u>		Date:
	PRISONER: DO NOT WRITE BELOW T	
E INSTRUCTIONS TO PRISONE	· ·	
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E INSTRUCTIONS TO PRISONE	ER	
An appointment has been schedule Signature:	ed for you on: Date:	THIS LINE
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An appointment has been schedule Signature: F COPAYMENT (to be filled Note: If none of the except	ed for you on: Date: Title: out by health care):	Provider #: Date:
An appointment has been scheduled Signature: F COPAYMENT (to be filled Note: If none of the except Care that is: requested by a conditional property of the except and required for the except of th	ed for you on: Date: Title: out by health care): ions listed below apply, check the box below and QHP (includes transfer assessments, chronic care llow-up care)	Provider #: Date: d a copay will be charged. e clinics, intake and annual screening,
An appointment has been scheduled Signature: F COPAYMENT (to be filled Note: If none of the except Care that is: • requested by a cand required fo for injuries that	ed for you on: Date: Title: out by health care): ions listed below apply, check the box below and QHP (includes transfer assessments, chronic care llow-up care) are work-related as documented by the prisoner'	Provider #: Date: d a copay will be charged. e clinics, intake and annual screening, s work supervisor
An appointment has been scheduled Signature: F COPAYMENT Note: If none of the except Care that is: • requested by a cand required for for injuries that • requested for te requested for except • requested	ed for you on: Date: Title: out by health care): ions listed below apply, check the box below and QHP (includes transfer assessments, chronic care llow-up care) are work-related as documented by the prisoner' esting for HIV, STD's, infestations, or reportable evaluation, consultation, or treatment of a mental by	Provider #: Date: d a copay will be charged. e clinics, intake and annual screening, es work supervisor communicable diseases health need
An appointment has been scheduled Signature: F COPAYMENT (to be filled Note: If none of the except Care that is: • requested by a cand required for injuries that requested for teaching prompted by a cand required by a cand required for expected for e	ed for you on: Date: Title: out by health care): ions listed below apply, check the box below and QHP (includes transfer assessments, chronic care llow-up care) are work-related as documented by the prisoner' esting for HIV, STD's, infestations, or reportable evaluation, consultation, or treatment of a mental by medical emergency (see Section I of the policy, in	Provider #: Date: d a copay will be charged. e clinics, intake and annual screening, 's work supervisor communicable diseases health need f self-inflicted)
An appointment has been scheduled Signature: F COPAYMENT Note: If none of the except Care that is: • requested by a cand required for for injuries that • requested for terequested for except • requested	ed for you on: Date: Title: out by health care): ions listed below apply, check the box below and QHP (includes transfer assessments, chronic care llow-up care) are work-related as documented by the prisoner' esting for HIV, STD's, infestations, or reportable evaluation, consultation, or treatment of a mental by medical emergency (see Section I of the policy, in	Provider #: Date: d a copay will be charged. e clinics, intake and annual screening, es work supervisor communicable diseases health need

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.140 Filed 01/24/20 Page 40 of 100

TO:				—	
		Requestor Name ar			
	Bell. Cedric Prisoner Name				1-75-B
EDOM:		18.6 Hoolth Infor			EOCK
FROM:	Brenda Hunter, MBA, RHIA, CHTS- Name	nearth intor	mation Dept.:	MRF_	Institution
SUBJE	T: Request for Health Record Infor	mation		DATE:	12/9/2016
Your re	uest for 🛛 copies	review	of vour he	alth reco	rd has been received.
This reque	st is not being processed under the Freedom of	- Information Act (MCL 15.2	31 <u>et seq.</u>) because		
It is being	processed under the Medical Records Access A	ct (MCL 333.26261 <u>et seq.</u>)).		
A. 🗌	Your request can be processed a	fter completion of th	ne following st	eps:	
1.	- Complete the attached authorize	ation form, stating spe	ecifically what in	formation	you are requesting.
2.	☐ Forward a completed disbursen	nent voucher, in the a	mount of \$ _		
	(pages x \$.25 pe	r page).	_		
3.	☐ Submit a check or money order	for the amount of \$	(pages)
	An initial fee of \$23.42 per red		` _ e record.		F-37
	One dollar seventeen cents (•			
	Fifty nine cents (\$.59) per pag			,	
	Twenty three cents (\$.23) per	· -			
	Make check or money order p			end navm	ent to:
	Macomb Correctional Facility	dayable to OTATE OF	WICHIOAN. O	ena payin	ent to.
	34625 26 Mile Road				
	New Haven, MI 48048			Attn:	Medical Records
		cility Name		, , , , , , , , , , , , , , , , , ,	
В. 🛛	Your request cannot be processe	d for the following r	eason(s):		·
1.	Review of health records is not the steps above in "A".	permitted. You may o	obtain copies of	your hea	Ith record by following
2.	☐ The information you have requent	sted is not contained	within your hea	Ith record	
3.	A more precise description of the information you want in greater		requesting is n	eeded. P	lease describe the
X 4.	☐ Other: The form for HFAllegi	ance was done in err	or, so we receiv	ed 0 reco	rds. XX
С. 🗆	Your request has been forwarded to	Duane L. Waters Ho	spital, 3857 Co	oper St., .	Jackson, MI 49201.
D. 🗀	Enclosed are the health record co	pies you requested	(pa	iges encl	osed).
Ξ. 🗆	Other:			La.	
				Patient Id	entification
					entinoation
RESF	ONSE TO REQUEST FOR	HEALTH	lame: Bell, Ced	iric	
		NI N	lumber: 248097		
	RECORD INFORMATIO	IN 1 ¹	umber: 246097		

MICHIGAN DEPAREMENT OF CORRECTIONS
PRISONER/BARRETENGATIONAL FORM



4835-4247 10/94 CSJ-247A

Be brief and concise in describ procedure, refer to PD 03.02.130					rievance
Name (print first, last) GEDRIC BELL	Number 248097	Institution MRF	Lock Number 3 - 90 - 8	Date of Incident	Today's Date 9-1-16
What attempt did you make to resolve to make to make to resolve to make	6 I CONTACTED	HEALTHCARE	E BY KITE	AND THE	-16
State problem clearly. Use separate Four copies of each page and suppeto the Grievance Coordinator in action in the State of Stat	orting documents mucordance with the tin	ust be submitted vone limits of OP 0.7	vith this form. T 3.02.130. ON MAY 26,201	he grievance mu THE ABOVE 6 AND WAS	st be submitted DATES
ON MY RIGHT BOOT. I WAS APPROVIMATE BEEN TO DWH ON SAME NOTHING DONEWH BILLED FOR SOMETHING AS TO WHY I HAVE NOTHER	'2 DIFFERENT Y AM I BEING I AM NOT RECE RECEIVE THE A	DENIED TREA IVING. A IN BOVE. CONTA	16 AND 5-26 ATMENT.? NVESTIGATIO ACTING CORI	5-16. AND I IS MEDICAF IN INTO MÝ :ZON CORPOF	T'S THE RE BEING SITUATION RATE
OLIVER SEE RELEASE FO AS WELL I WAS CA GET MY BLOOD RESULTS ANNUAL SCREENING. AS AND FAMILY ATTORNEY. THE VIOLATION OF PD. HEALTH INFORMATION. A	RM ATTACHED LL OVER FOR A AS WELL A A C I WOULD LIKE	AMNUAL REVI	/IEW BIRTHD AND ALL TO THE INFOR	AY I WOULE EST RESULT! MATION TO I	LIKE TO B OF THE MY DAUGHTER
	TO NO WHAT DO			7 7 7	ONIDE WE WI
REST MIS DAY	e		e explanation. If	· .	in resolution.)
12/31/16 I have 10	iot ,	ed rejo	ction le	-Her	•
leceive me Items or K Boofs Repa	FO 1	Reviewe	er's Signature		P//e//C

Grievant's Signature

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

Date

#0

RECEIVED

SEP 1 2 2016

Michigan Department of Corrections GRIEVANCE REJECTION LETTER

DEPUTY WARDENS OFFICE

DATE:

9/9/2016

TO:

BELL

248097

LOCATION: MRF

SEG 12

FROM:

Grievance Coordinator: E. TAYLOR

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding multiple issues was received in this office on 9/9/2016 and was rejected due to the following reason:
Your grievance is being returned to you without processing for the reason that you are in violation of PD-03.02.130. This procedure states that you must limit your grievance to one (1) issue per grievance. You have included more that one (1) issue as prescribed in this procedure. Grievance is rejected at first step.

Any future references to this grievance should utilize this identifier:

MRF / 2016 / 09 / 1735 / 28C

Respondent

Date

DEP STEECE

Reviewer

Date

#0 2 of 5

MICHIGAN DEPARTMENT OF CORRECTIONS

せつ

4835-4248 5/09 CSJ-247B

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

RECEIVED Date ReceWeOMB GOERED (E) Coordinator at Step II: \ \ \

Grievance Identifier: MAF 116090 1713

INSTRUCTIONS THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: If it is not submitted by this date, it will be considered terminated. by 10/10/11

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
SEDRIC BELL	246097	MACOMB	1-75-8	5 -21-1 6	10-11-15

STEP II - Reason for Appeal (ISSUES UNRESCLVE) THE ABUSE AND THE UNDETECTED CONTRACT /IOLATIONS AND POLICES., THEMONITORING FUNCTION IS NATURALLY DON'T EXIST AT THE K FACILITY, . CAUSING DEATHS AND MEGLECT TO SERIOUS MEDICAL NEEDS., I WAS DENIED A FULL PHYSICAL ON MY AMMAUL YEARLY SCREEN, NO BLOOD TESTS DONE TO DETECT ANTHINS REGARDING INTERAL ORGANS, X-RAYS AND THERE. FUNCTIONS, . I'VE NEVER SEEN A DOCTOR M P.A., HUM AT MACOMS CORR.FAC. TO DISCUSS ANYTHING REGARDING MY MEDICAL NEEDS. XX BUT STAFF SAID I WOULD. AS OF 10-11-15 I'VE SEEN NOBODY. I HAVE SENT 2 MEDICAL REQUEST 7-28-16 AND 8-21-18 FOR THE SAME ISSUE AS WELLWAMMENME CONCERNS ABOUT MY PHYSICAL EXAMINE., MEDICAL STAFF ARE/COULD BE ALTERING, FALSIFYING DOCUMENTS AS TO THE TREATMENTS I HAVE BEEN PROVIDE, I HAVE NOT BEEN TREATED AT THIS FACILITY A MEDICAL COMPLAINT FORM IS REQUESTED AS TO POLICY AN CONTRACT VIOLATION.

STEP II — Response

Date Received by Step II Respondent:

Respondent's Name (Print)

Respondent's Signatur

Date

Date Returned 1 Grievant:

STEP III — Reason for Appeal

ISSUES UNRESOLVE AT STEP 2 APPEAL

WARDEN R. HAAS STATED AFTER HIS INVESTIGATION I HAD 17 INTERACTIONS WITH MACOMB CORR. FAC. HEALTHCARE/SERVICE FOR TREATMENTS. SINCE JULY 28,2016. THIS IS FALSE INFORMATION I'VE NEVER HAD 17 WITH NO MEDICAL STAFF AT THE FACILITY IN THE PAST. YES I SAW PA FERRIS SEPT 27,2016 TO SIGN A MEDICAL RELEASE FORM TO GET RECORDS FROM AN OUTSIDE HOSPITAL. THEN I SAW A NURSE FOR A BLOOD DRAW. STAFF ARE PROVIDE FALSIFIED INFORMATION., REMEDIES (EXHAUSTED)

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.148 Filed 01/24/20 Page 48 of 100

GRIEVANCE ATTACHMENT 4 PAGES:

MRF-2016-09-1735-28C *

CEDRIC BELL/ 248097 / MACOMB /1-75 /8-21-16 /10-11-16

GRIEVANCE STEP 2 APPEAL TO WARDEN HAAS

井〇

出版器金融的支援

THE ACTS OR STATEMENTS OF PRISONNELS AND MEDICAL STAFF DIRECTLY DEMONSTRATE AN INDIFFERENT AN OR HOSTILE ATTITUDE TOWARD PRISONER MEDICAL NEEDS. THIS MIDDIFFERENCE OF DELIBERATE ARREMANAMEN INDIFFERENCE.

DENIAL OF ACCESS TO MEDICAL PERSONNEL AND RECORDS QUALIFIED TO EXERCISE JUDGMENT ABOUT A PARTICULAR MEDICAL PROBLEM..

THE FAILURE TO INQUIRE INTO ESSENTIAL FACTS THAT ARE NECESSARY TO MAKE A PROFESSIONAL JUDGMENT.

INTERFERENCE WITH MEDICAL JUDGMENT BY FACTORS UNRELATED TO PRISONER MEDICAL NEEDS..

I WOULD LIKE TO BE COMPENSATED FOR STAFF ACTIONS OF NEGLECT OF \$50,000.00 AND \$25,000.00 FOR ATTORNEY FEES.

DISCIPLINARY ACTION TO MEDICAL STAFF FOR FAILURE TO PROVIDE PHYSICAL EXAMINATION, STUDY, XXXXXX ANALYSIS, EXPLORATION, RESEACH, ECT BLOOD TEST.

AS WELLMAN MAKE SURE ANY AND ALL PRISONERS AT MACOMB CORR.FAC. AND ALL OF MICHIGAN CORRECTIONAL FACILITY ARE PROVIDE A FULL COMPLETE PHYSICAL EXAMINATION ON AUNNAL YEARLY BIRTHDAY SCREEN..

AS WELL POLICY AND PROCEDURES THAT MEDICAL SERVICES PROVIDER AND CORPORATION (PRIVATE) ARE HELD TO AND STAFF MUST FOLLOW, THESE POLICY AND PROCEDURES SHOULD BE PROVIDE TO PRISONER ACCESS AS WELL ADDRESSES AND CONTACTED PRESON AND COMPLAINT FORMS.

NAME AS THE NAMESAGES FALSIFYING OF MEDICAL DOCUMENTS, TREATMENTS AND INFORMATION IS ANXERBED A FELONY UNDER MICHIGAN CRIMINAL CODE.

I HAVE NEVER BEEN INTERVIEW IN THIS GRIEVANCE MATTER AND I AM SURE I WANT BE INTERVIEWED IN THIS STEP 2 APPEAL REQUEST AND IT SHOWS THE STAFF CORRUPTION AND POLICY VIOLATION...

#0 5 of 5



MACOMB CORRECTIONAL FACILITY

"Committed to Protect, Dedicated to Success"

Step II Grievance Response

Prisoner:

Bell 248097

HU# 1-75-B

Grievance #: MRF 2016 09 1735 28C

I have reviewed the Step I grievance and Step II reason for appeal. No new or additional information was provided to substantiate the Step I grievance. Therefore, the Step I grievance was appropriate.

Step II Response:

Your Step II grievance relates to multiple issues. You have had 17 interactions with Health Care since July 28, 2016, and you were last seen in Health Care on September 27, 2016.

Step II grievance response affirms Step I grievance response.

R. Haas, Warden

Respondent's Name/Position

10-19-16

Date

ALL FOR GRIEVANCE(S)
NOT
MEDICAL TREATMENT

4835-7549 CHJ-549 11/05

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

HEALTH CARE REQUEST PRISONER: COMPLETE SECTIONS A THROUGH D EDRIC A NAME: 248097 DATE: 🛭 NUMBER: LOCK: 3-90-B B. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent Dental. ☐ Medication Refill ☐ Medical Optometry Mental Health Urgent C. I have the following problems/symptoms: ON \$/9 ANKle Supports, Knee Sports, Right, Also the repair Approve by Acmo ON 5/26/16; Uhen will I he You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds". Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. I have read Section D'above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it i for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account, Date: Prisoner Signature: PRISONER: DO NOT WRITE BELOW THIS LINE INSTRUCTIONS TO PRISONER 2016 AUG 1.9 pm .9:517 An appointment has been scheduled for you on: Date: Title Signature: author (to be filled out by health care): COPAYMENT If none of the exceptions listed below apply, check the box below and a copay will be charged. Note: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, Care that is: and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor requested for testing for HIV, STD's, infestations, or reportable communicable diseases requested for evaluation, consultation, or treatment of a mental health need prompted by a medical emergency (see Section I of the policy, if self-inflicted) and certify none of these exceptions apply. I have reviewed the visit of _ Date Provider #: Date: Signature: Title:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

4835-7549

MICHIGAN DEPARTMENT ORRECTIONS-Bureau of Health Care

CHJ-549 11/05

HEALTH CARE REQUEST
PRISONER: COMPLETE SECTIONS A THROUGH D
A NAME: CEDRIC BEIL FACILITY: MRF
NUMBER: 248097 LOCK: 3-C-90 DATE: 7-28-16
B. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent
□ Dental □ Medication Refill □ Medical □ Optometry □ Mental Health □ Urgent
C. I have the following problems/symptoms: ON may 26, 2016 I WEN+ o+ DWH, while at
LCF) AND I WAS SIZED FOR ANKLE SUPPORTS, KNEE SUPPORTS AND
TENNIS Shoes for my AFO'S, I was Approve DN 5/11/16 by ACMO
When will I be going back to DWH to receive the Items
AS WELL MY METAL AFO left + Right on boots ARE coming
UNGlued And need to be fix. I transferred IN 7/19/16
D NOTICE TO PRISONER FOLLOW UP Treatment
You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the
copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any
appeal you may make regarding the Department's decision to charge for the care.
And the second of the second o
I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.
'이용하는 이번의 아이를 사용하는 것 이다. 이는 사용을 관용하는 수 있는데 그렇지 않는데 그는 사람들이 모든 사람들이 되는데 가장 하게 되면 취용하는데 이번이 되었다.
Prisoner Signature:
Prisoner Signature: , Date: ' , Date
PRISONER: DO NOT WRITE BELOW THIS LINE
PRISONER: DO NOT WRITE BELOW THIS LINE
PRISONER: DO NOT WRITE BELOW THIS LINE
PRISONER: DO NOT WRITE BELOW THIS LINE E INSTRUCTIONS TO PRISONER ON WELL WE MOTIFIED BY CUSTOMY When the dotte our week
PRISONER: DO NOT WRITE BELOW THIS LINE
PRISONER: DO NOT WRITE BELOW THIS LINE E INSTRUCTIONS TO PRISONER Opport to orthodics or Dehaduled When the dotte arrived
PRISONER: DO NOT WRITE BELOW THIS LINE INSTRUCTIONS TO PRISONER Opht to Ophtics of Deheduled On well be not had by current An appointment has been scheduled for you on! Date:
PRISONER: DO NOT WRITE BELOW THIS LINE INSTRUCTIONS TO PRISONER An appointment has been scheduled for you on! Date: Provider #: Date:
PRISONER: DO NOT WRITE BELOW THIS LINE INSTRUCTIONS TO PRISONER An appointment has been scheduled for you on Date: Signature: Title: Provider #: Date:
An appointment has been scheduled for you on: Signature: Tiple Provider #: Date: PRISONER: DO NOT WRITE BELOW THIS LINE Date: F COPAYMENT (to be filled out by health care): Note: If none of the exceptions listed below apply, cheek the box below and a copay will be charged.
PRISONER: DO NOT WRITE BELOW THIS LINE INSTRUCTIONS TO PRISONER An appointment has been scheduled for you on Date: Signature: Title: Provider #: Date:
An appointment has been scheduled for you on: Date: F COPAYMENT Note: If none of the exceptions listed below apply check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor
An appointment has been scheduled for you on! Date: Signature: Tiple: Provider #: Date: COPAYMENT Note: If none of the exceptions listed below apply; cheek the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor requested for testing for HIV, STD's, infestations, or reportable communicable diseases
An appointment has been scheduled for you on: Date: F COPAYMENT Note: If none of the exceptions listed below apply check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor
An appointment has been scheduled for you on! Date: COPAYMENT (to be filled out by health care): Note: If none of the exceptions listed below apply, cheek the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor requested for evaluation, consultation, or treatment of a mental health need prompted by a medical emergency (see Section I of the policy, if self-inflicted) I have reviewed the visit of and certify none of these exceptions apply.
An appointment has been scheduled for you on. COPAYMENT Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) for injuries that are work-related as documented by the prisoner's work supervisor requested for testing for HIV, STD's, infestations, or reportable communicable diseases requested for evaluation, consultation, or treatment of a mental health need prompted by a medical emergency (see Section I of the policy, if self-inflicted)

CYALOTOS MENTANDEL A BOB NO. 1-1, PEGGE POLISE - FILEO O 1/24/24 FPAGE DOCTOT HUSSIAN CSJ-247A PRISONER/PAROLEE GRIEVANCE FOR 10-2-16 Grievance Identifier: MRIF / 6 / 10 01191016 011134 I Date Received at Step I Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library. Date of Incident Today's Date Lock Number Institution Number Name (print first, last) MACOMB SEG 12 9-20-16 248097 'EDRIC What attempt did you make to resolve this issue prior to writing this grievance? On what date? Sept 20, 2016 If none, explain why. SEPT 21, 2016 AND SEPT 22, 2016 . STAFF & COLORER AND STATED NUISE COOPER AND DOCTOT HUSSIAN IRDERED him to remove the Quadrake From Spoke to a few Murses and was told. I Don't Know State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. Medical Staff Violated 93.03-130 INhumane treatment; 03.04.100 Health Service; 03.04.108 Prisoner health information. All Policy Directive of the SINCE JULY 19,3016 thru SEP+ 22, 2016. I have Neve Spoken too or receive medical treatment From Nurse Coope DOCTOF HUSSIAN. The Above Staff CAucled my Special Accommod TRDER (12 ORDER). MAN'S been place for years to Aide me living. By doing this without treatment the Intentions INFliction of emotional distress to the Sertous medical Weeds Nerve damages, PATALYSIS, Drop Feet Left/Right, Clauf ett. These are Some document medical Condition The Acts of Malice by Staff was done with deliberate. Indifference by taking the Accommodations would kesults IN Phisical INjures. Compensation as Requested DISCIPLINARY ACTION for Willation of Employee RIGHTS VIOLATIONS. If No, give explanation. If resolved, explain resolution.) No Please see attached response

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One: Goldenrod — Grievant

If resolved at Step I, Grievant sign here. Resolution must be described above.

1 st 5

Grievant's Signature

Date

Step I Grievance Resp	oonse			
Grievance Number:	20164101191640218		·	
Prisoner Name: Bell			•	
Prisoner Number: 2480	97			
Prisoner was	was NOT interviewed. GIVE REASON:			
SUMMARY OF COMPLAIN	T: because she did not evaluate him before dis	continuing his Special A	ccommodat	ion Order for his
Grievant is grieving Dr. Husain quad cane.	because she and not evaluate that before dis		en a lessantes.	
INVESTIGATION INFORM	ATION			
by Dr. Husain prior for the disc		<u>。1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、</u>	<u> </u>	
SIMMARY				
section K, a currently valid me	Quality Assurance. Per PD 04.06.160 Med dical detail or special accommodation notice after examination of the prisoner. Grievan on for quad cane. Grievant is encouraged to ical requests.	t has been scheduled an	appointmen	t with the MP to
RESPONDENT NAME:	E. Part-Mirza, RN		TITLE:	RN13
RESPONDENT SIGNATUR	6 () 00		DATE:	10/a1/16
				No. 1980 2001 The Live Live of Co.
REVIEWER NAME:	H. Cooper, RN		TITLE:	HUM
REVIEWER SIGNATURE:			DATE:	10/21/2016

20f5

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.160 THEO 01/24/20 Page 69/01/299 SEE ATTACH 4 COPIES

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09 CSJ-247B

RECEIVED Date Received CORRECTION CO. CO. Contractor

Grievance Identifier: MKF 116 110011906018

at Step II:

INSTRUCTIONS IT HE FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
CEDRIC BELL	248097	MACOMB	1_75_B	-	10-28-16

STEP II — Reason for Appeal ISSUES UNRESOLVE AFTER FURTHER INVESTIGATION AND RMXXXXX PHYSICAL INJURIES ON SEPT 22,2016 DUE TO MEDICAL STAFF NEGLECT AND FAUSIFIED DOCUMENTS SEPT 21,2016 DONE BY MEDICAL STAFF HUN COOPER WHOM STATED DOCTOR HUSSIAN TOLD HER TO CANCEL SPECIAL ACCOMMODATION ORDERS WITH OUT AN MEDICAL EXAMINATION/EVALUATION OF QUADCANE, ELEVATOR, GROUND FLOOR NO STEPS AND RAMP.

I WOULD LIKE TO SEE/ SPEAK WITH DOCTOR HUSSIAN IN THE ABOVE MATTER OR DISPOSE/DISPOSITION BY DISTRICT ATTORNEY AND ATTORNEY AT LAW A.OLIVER AS EVER PROVIDING TREATMENT OR EVER COMING INTO CONTACT WITH CEDRIC BELL AT MACOMB CORRECTIONAL FACILITY AT ANY TIME FROM JULY 19,2016 THRU OCTOBER 28,2016 DID THIS DOCTOR DISCONTINUE MEDICAL ACCOMMODATIONS LISTED ABOVE OR GIVE EXERXI

STEP II — Response

Date Received by Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date Returned 1

STEP III — Reason for Appeal (ISSUE UNRESOLVE) STAFF STATES I HAD DUPLICATES MMMMMXXMM ACCOMMODATION. THIS IS NOT TRUEK. RECORDS OFFICE STAFF PRINTED THE (SAN) BRENDA HUNTER AND THE STOP DATES ARE LISTED AS XXXXXX 9/21/16 THE KXKX FACILITY HEALTHCARE ARE PLACING MY HEALTH AND LIFE IN DANGER. AS UNIT OFFICER AND SGT CALL MEDICAL AND WAS TOLD AND STILL BEING TOLD THE STOP DATES ARE CORRECT, THE PAIN I AM SUFFERING WITHOUT AIDE TO THE ELEVATOR OR RAMP. BEING DISCRIMINATED AGAINST AS VIDEO WILL SHOW OTHER PRISONERS ARE TREATED DIFFERE

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

TRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

GRIEVANCE STEP 2 APPEAU 4 PAGES IDENTIFIER #MRF/2016/10/1906/12I

CEDRIC BELL//248097// MACOMB// 1-75-8// 3-37-18 //10-28-16

AUTHORZATION TO HUM COOPER TO DISCONTINUE OR STOP ANY PRISONER MEDICAL ACCOMMODATION., AS THE ABOVE STAFF HUM COOPER TOLD C/O COLGAN TO REMOVE A MEDICAL QUADCANE FROM CEDRIC BELL. AS NO DOCTOR HAS EVER EVALUATED ME TO REMOVE THE QUADCANE OR ANYOTHER MEDICAL ACCOMMODATION DUE TO MY MEDICAL NEEDS.AS DOCTOR MILES SAID THE QUADCANE WOULD AIDE ME AS RESEARCH NEEDED AS THE MEXICAN WEATHER CHANGES I WOULD HAVE PROBLEMS WITH MOBILITY DUE TO MEXICAN NERVE DAMAGES AND THE MUSCLE EXAMS SPASMS FROM BEING SHOT 11TIMES AND THE 18 HOLES IN MY BODY I WILL EXPERIENCE PAIN AND THE CLAW TOES WILL NEVER BE THE SAME...AND I REFUSE TO EVER TAKE PAIN MEDICATATION.

AS DOCTOR HUSSIAN VIOLATED MICHIGAN DEPARTMENT OF CORRECTION POLICY DIRECTIVE AS WELL HUM COOPER WHO CONSPIRED WITH THE ABOVE TO VIOLATE THE CIVIL RIGHTS AND CONSTITUTIONAL RIGHTS OF CEDRIC BELL THIS STEP 2 APPEAL IS THE EXHAUSTION OF ADMINISTRATIVE REMEDIES AND PROCEDURES AS IN PORTER V NUSSUE,534 U.S. 516,519-20,122 S.CT.983,985-86,152 L. Ed.2d 12,,19 (2002)1...

AS TO THE RIGHT TO ADEQUATE MEDICAL CARE IN JONES V EVANS,544 F.SUPP.769
775 n.4(N.D. Ga.1982) FINDING THAT CONFISCATING A PRISONER MEDICALLY
PRESCRIBED BACK BRACE MIGHT HAVE SERIOUS ENOUGH EFFECTS TO CONSTITUTE AN
8th AMENDMENT VIOLATION.., AS IT IS I HAVE BEEN INJURY TWICE IN FAULING
DOWN STAIRS AND THE MEDICAL STAFF KNEW AND DISREGARDED THE RISK BY IGNORING
MENTS OBVIOUS CONDITIONS, FAILING TO PROVIDE TREATMENT FOR CONDITION
MAKING MEDICAL DECISIONS BASED ON NON-MEDICAL FACTORS AND MAKING A MEDICAL
JUDGMENT SO BAD IT'S NOT MEDICAL., IN PHILLIPS V ROANE COUNTY, TENN., 534 F.3d
531,539-40,546(6thCIR.2008) THE SIXTH CIRCUIT RULED THAT CORRECTIONAL
DEFICERS AT ROANE COUNTY DAIL AS WELL DOCTOR AND PARAMEDIC WHO WORKED AT THE
FACILITY, WERE KXHKKE LIABLE FOR THE DEATH OF A FEMALE PRISONER.MEDICAL
EXAMINERS TESTIFIED THAT THE PRISONER DIED FROM UNTREATED DIABETES. ACCORDING
TO THE COURTS PRISONER AUTHORITIES WERE AWARE OF HER DETERIORATING CONDITION
DURNING THE TWO WEEKS BEFORE HER DEATH, AS SHE COMPLAINED OF VOMITING, CHEST PAI
ECT). THE FAILURE TO TREAT IS DELIBERATE INDIFFERENCE....

I WOULD LIKE TO BE COMPENSATED FOR THE ABOVE VIOLATION BY MEDICAL STAFF AND THE M.D.O.C OF 5,000.000 FIVE MILLION DOLLARS AS WELL ATTORNEY FEES 75,000 FOR ATTORNEY A.OLIVER IF I DIE DUE TO MEDICAL STAFF NEGLECT AND M.D.O.C. MY DAUGHTERS CAN PERSUE THIS MATTER AS WELL BROTHERS AND OTHER FAMILY MEMBERS AS THE RECORDS FROM McLAREN HOSPITAL X-RAYS,CT & SCAN, HOMEKA BLOOD TEST ALL THE INFORMATION I REQUESTED FROM BRENDA HUNTER AT MACOMB CORR. FAC. AND WAS DENIED, BUT THEY CAN BE RELEASED FROM THE HOSPITAL TO FAMILY. ALL B GRIEVANCE CAN AND WILL BE USED AS SUPPORTING DOCUMENTS ANALYMENT. AND EVIDENCEK

4 of 5

Step II Grievance Appeal Response

Grievance Number: MRF 2016 10 1906 12I Prisoner Name: Bell, Cedric Prisoner Number: 248097

have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: Grievant is grieving Dr. Husain because she did not evaluate him before discontinuing his Special Accommodation Notice (SAN) for his quad cane. Date of incident 9/20/16.

SUMMARY OF STEP I RESPONSE: Grievant's Electronic Health Record (EHR) was reviewed. Grievant was interviewed. Per Grievant's EHR, there was no examination by Dr. Husain prior for the discontinuation of his quad cane. Grievance will be reviewed for Quality Assurance. Per PD 04.06.160 Medical Details and SAN, section K, a currently valid medical detail or SAN shall not be cancelled without approval from an appropriate Medical Provider (MP) after examination of the prisoner. Grievant has been scheduled an appointment with the MP to address SAN for quad cane. Grievant is encouraged to access health care using the Health Care Request (HCR) form (CHJ-549) for any further medical requests. Date of response 10/21/16.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges physical injuries on 9/22/16 were due to medical staff neglect and falsified documents on 9/21/16 by HUM Cooper who stated Doctor Hussain told her to cancel SAN without a medical exam. This was to include quad cane, elevator, ground floor, no steps and ramp. Date of incident 9/20/16, 9/21/16.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the EHR (Electronic Health Record), there has not been a SAN order for quad cane since the quad cane was stopped on 8/3/11. The last quad cane on a medical detail was stopped on 4/23/14. Grievance denied.

The SAN in the EHR includes; elevator, ground floor and may use ramp, no steps. The SAN had duplicate accommodations, the duplicates were the only ones stopped. Grievant has not had a detail for a quad cane since 4/23/14.

Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Care Services
- PD 04.06.160 Medical Details and Special Accommodations Notices

Grievance: Denied; Grievant's allegation is not substantiated by the EHR. Review of the evidence supports that Grievant's medical needs are being addressed.

evidence supports that Orievant's medical needs are being addressed.			
RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant		
	Jackson Health Care Office Administration		
RESPONDENT SIGNATURE: Subrina Fiken, AN	DATE: 11/15/16		



Step I Grievance Response MRF161001921017 Grievance Number: BELL Prisoner Name: 248097 **Prisoner Number:** was NOT interviewed. GIVE REASON: 図 Prisoner was SUMMARY OF COMPLAINT: Grievant states staff did not adhere to his accommodations INVESTIGATION INFORMATION Grievant stated during the interview that when he came to the unit he showed staff his medical accommodations which stated he needed a cane and a ramp/elevator. Grievant stated staff refused to adhere to his medical accommodations and told him to lock up. Grievant states he fell down the stairs and injured himself due to staff not adhering to his accommodations. Grievant states he was not called over to health care and assessed by a Doctor. Per HUM Cooper, 9/21/16, the Grievant was assessed by Dr. Hussain and Dr. Hussain discontinued a number of Grievants accommodations which included the Elevator and Ramp. Per Dr. Hussain, the Grievants MD Cane accommodation expired in 2014. APPLICABLE FOLICY, PROCEDURE, ETC. PD 04.06.160 Medical Details and Special Accommodation Notices. **SUMMARY** Grievants medical details and special accommodations for his Cane and Elevator/Ramp access were cancelled in accordance to TITLE: Jenkins-Grant **RESPONDENT NAME:** DATE: RESPONDENT SIGNATURE:

REVIEWER NAME:

REVIEWER SIGNATURE:

TITLE:

DATE:

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PARQLEE GRIEVANCE APPEAL FORM

4835-4248 5/09 CSJ-247B

MACOMB CORRECTIONAL FACILITY Date Received by Grievance Coordinator at Step II:

Grievance Identifier: MRF11411001913

REPARTIES ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: 11 07 10 of this not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
CEDRIC BELL	248097	масомв	1-75-8	9-22-16	1038-30-1

ISSUES UNRESOLVE AT STEP 1, RUM-JENKINS-GRANT AND ACTING **STEP II** — Reason for Appeal DEPUTY WARDEN STECCE WAS PROVIDED FALSIFIED INFORMATION AND DOCUMENTS IN THERE INVESTIGATION INTO THIS MATTER BY (HUM COOPER) WHEN THIS MEDICAL STAFF KNEW ON SEPT 21,2016 DOCTOR NUSSE HUSSAIN NEVER SAW/ASSESSED CEDRICKEN BELL IN FACT DOCTOR HUSSAIN OR NO OTHER DOCTOR HAS EVER TREATED ARRASE PROVIDED TREATMENT AT MACOMB CORRECTIONAL FACILITY NOR HAS A RMXXXXXX PHYSICIAN ASSISSTANT EVER TREATED ME AT THE FACILITY AS TO MY SPECIAL ACCOMMODATION ORDERS AS KKM FOR THE DATES IN QUESTION 9-21-16 I WAS IN SEGREGATION CELL 12 WITH A VIDEO SURVEILLANCE OUT SIDE THE DOOR. I AM REQUESTING AUL VIDEO SURVEILLANCE OF THE SEGREGATION UNIT FROM SEPT 8,2016% THRU SEPT 22,2016 ALL LOGBOOKS OF (SEE ATTACHED 4 PAGES)

STEP II - Response

Date Received by Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned Grievant:

ISSUES UNRESOLVE AT STEP 2

STEP III — Reason for Appeal 1550ES UNRESOLVE AT STEP 2
WARDEN R.HAAS AND FACILITY HEALTHSERVICE STAFF ARE/HAVE CONSPIRED TO VIOLATE THE CONSTITUTIONAL RIGHTS AND CIVIL RIGHTS..

THE STEP 2 APPEAL REASON STATED ABOVE IS NEW INFORMATION, . (THE DEPARTMENT OF JUSTICE AND CDC WILL BE CONTACTED IN THIS MATTER, AS TO THE ACTIONS OF MEDICAL STAFF AND WARDEN HAAS NEGLECT OF VIOLATIONS....

ADMINISTRATIVE REMEDIES EXHAUSTED...

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

Case 2:20-cv-10193-MFILAPPICECETIO. 1-1 Page D.172 Filed 01/24/20 Page 72 of 100

IDENTIFIER MRF/2016/10/1921/17z

CEDRIC BELL//248097// MACOMB// 1-75-16//9-22-16//1--30-16

OUT OF CELL MOVMENTS TO WEDIEN MEDICAL HEALTHSERVICE AND THE CORRECTIONAL OFFICER THAT TRANSPORTED ALLONE WITH A STATEMENT.

AS IT MAY MEDICAL STAFF E.PARR-MIRZA RN 13 TOLD ME ON 10-21-16 THERES NO RECORD OR DATA IN THE COMPUTER OF YOU EVER BEING TREATED BY PRIOR DATES.

THEREFORE HUM COOPER HAS VIOUATED MY CIVIL RIGHTS AND CONSTITUTIONAL RIGHTS. THE VIDEO SURVEILLANCE IS EVIDENCE AS WELL LOGBOOK OF SEGREGATION PRISONER MOVEMENTS.

THE VIOLATION OF POLICY DIRECTIVE 04.06.160 MEDICAL DETAILS AND SPECIAL ACCOMMODATION NOTICES .

THE FAUSIFIED DOCUMENTS CREATED BY HUM COOPER AND GENERATED AND NOT ACOPY PROVIDE TO INMATE WAS DONE WITH MALICE AS WELL VIOLATED THE MEDICAL PRIVACY BY DISCUSSING MY DISIBILITIES WITH INSPECTOR LADUCE.

THE DELIBERATE INDIFFERENCE OF IGORING OBVIOUS CONDITIONS, FAILING TO PROVIDE TREATMENT FOR DIAGNOSED CONDITIONS AND MAKING A MEDICAL XMK JUDGMENT SO BAD IT'S NOT MEDICAL AND IT CAUSE INJURIES IN TILLERY VOWENS, 719 F. SUPP. 1256, 1308 (W.D.PA.1989) azfiza aff"d, 907 F.2d 418 (3d CIR.1990) HOLDING THAT IF AN INFORMED JUDGMENT HAS NOT BEEN MADE THE COURTS MAY. THE 8th AMENDMENT PROTECTS ME FROM CRUEL AND UNUSUAL PUNISHMENT. U.S. CONST. AMEND, VIII NOR SHALLCRUEL AND UNUSUAL PUNISHMENT. U.S. CONST. AMEND, VIII NOR 783, 789-95(11 CIR.1989) WHERE PHYSICIAN ASSISTANT FAILED TO DIAGNOSE A BROKEN HIP, (REFUSED) TO ORDER AN X-RAY, AND PREVENTED THE PRISONER FROM SEEING A

DOCTOR.

X THE ACTS OR STATEMENTS OF PRISON PERSONNEL AND MEDICAL STAFF DIRECTLY DEMONSTRATE AN INDIFFERENT OR HOSTILE ATTITUDE TOWARD PRISONER MEDICAL NEEDS. THIS DIRECT EVIDENCE OF DELIBERATE INDIFFERENCE.

DENIAL OF ACCESS TO MEDICAL PERSONNEL QUALIFIED TO EXERCISE JUDGMENT ABOUT A PARTICULAR MEDICAL PROBLEM.., THE FAILURE TO XMMMM INQUIRE INTO ESSENTIAL FACTS THAT ARE NECESSARY TO MAKE A PROFESSIONAL JUDGMENT, INTERFERENCE WITH MEDICAL JUDGMENT BY FACTORS UNRELATED TO PRISONER MEDICAL NEEDS.

I WOULD LIKE TO BE COMPENSATED FOR MEDICAL STAFF NEGLECT AND FALSIFIED DOCUMENTS, MISLEADING A XMEZZZZKAZZME INVESTIGATION, REMAXNE PROVIDING FALSE INFORMATION MEDICAL XMMXKE RUM JENKINS-GRANT AND WARDEN.

I WOULD LIKE 5,000,000 FIVE MILLION DOLLARS AND 75,000 FOR ATTORNEY FEES FOR A, OLIVER ATTORNEY AT LAW.

AS WELL DISCIPLINARY ACTION TAKEN AS TO WHAT HUM COOPER HAS DONE HER ACTIONS HAS CAUSE INJURIES..

IN CASE OF MY DEATH MY DAUGHTERS DOROTHY/DOROTHEA CRAWFORD CAN PURSUE THE 42 U.S.C. 1983 IN MY BEHAUF ALONE WITH MY BROTHERS JOSEPH OSBORNE

#2 30f5

MACOMB CORRECTIONAL FACILITY

"Committed to Protect, Dedicated to Success"

Step II Grievance Response

Prisoner:	Bell	248097	HU	# SEG 12
Grievance #	: MRF	2016 10 1192	1 17Z	
			ace and Step II reason for appartiate the Step I grievance.	peal. No new or additional
Step II Resp	onse:			
Step II grie	vance r	esponse affirn	ns Step I grievance respons	e .
R. Haas, W	arden_		thing	11-14-16
Respondent	's Nam	e/Position	Respondent's Signature	Date

LEAS-CEONWINITES NOWAR	P ECF No. 1-1,	Page(D.17	6 Filed 30144	4/ 2 0 Page 76	of 100 386
bu Staff 3rd Shift So MICHIGAN DEPARTMENT OF COR PRISONER/PAROLEE GRIEN	KECHONS	STATE	#3	30f4	4835-4247 10/94
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Date Received at Step I 1017 11	Grievance	Identifier: 📙	11/4F/11/6/1	10101191213	501218B
Be brief and concile VANCES DEFINATION procedure, refer to PD 03.02.130 and	Mir grievance issue. OP 03.02.130 availal	. If you have ble in the pris	any questions con Law Library.	concerning the grid	evance
Name (print first, last)	Number	Institution	Lock Number	l I	Today's Date
CEDRIC Bell	248097	MHOWD	JUGIA		9-25-16
What attempt did you make to resolve the If none explain why	nis issue prior to writ	ing this griev	ance? On what	date? Sept	23,2016
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WHELE YOU GOINA	Searmati	IN MA	BlinEt	1 TRA	id T'm
State problem clearly. Use separate grid	Vance form for each	issue. Additi	onal pages, usin	g plain paper may	v he used
to the Grievance Coordinator in accorda	nce with the time lim	submitted wi	ui uiis toimi. 17	e grievance must	be submitted
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From Mclaren Macom	h llospital	She	er lend	rend the	e rederts
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DiscrimiNA FICH AND	ABUSE OF	pow	er by	Striff.	
RESPONSE (Grievant Interviewed?	Yes No	If No, give	explanation. If	resolved, explain	resolution.)
See alla	eigr berle	-chon	\allac	•	
	- 0		, loud		
-EDAm	10/7/16 Date		SD		10. #1 // &
Respondent's Signature	Date IR, R	Reviewer'	s Signature		Difte
Respondent's Name Print) W	orking Title	Reviewer*	s Name (Frint)	Worki	ng Tu
Gringent : [A] []	ep 1. Grievant sign her				
DISTRIBUTION: White, Green, Canary, Pink -	t be described above. — Process to Step One: G	Grievant's foldenrod — Gri		Da	te

Michigan Department of Corrections GRIEVANCE REJECTION LETTER

DATE:

10/7/2016

TO:

BELL

248097

LOCATION: MRF

1-75-B

FROM:

Grievance Coordinator: E. TAYLOR

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding

vague/illegible

was received in this office on 10/7/2016

and was rejected due to the following reason:

Your grievance is being rejected and returned to you for one of the following reasons, which are vague, illegible or it contains multiple unrelated issue, Per PD 03.02.130. GRIEVANCE IS VAGUE

Any future references to this grievance should utilize this identifier:

MRF / 2016 / 10 / 1925 / 28B

Respondent

Date

Case 2:20-cv-10193-MFL-MPP 3CF No. 1-1, PageID 1805 1916 01/24/20 Page 80 of 100 Append 10 Fig.

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER PARQLEE GRIEVANCE APPEAL FORM

4835-4248 5/09 CSJ-247B

MACOMB CORRECTIONAL FACILITY
Date Received by Grievance Coordinator
at Step II: 0 34 1 4

Grievance Identifier: MAFUGNOD1925928BG

INSTRUCTIONS OF THE THEM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: \(\)

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last) Number	Institution Lo	ock Number Date of	Incident Today's Date
CEDRIC BELL 24809	7 MACOMB 1.	-75-B 9-2	3-16 10-20-16

STEP II — Reason for Appeal (ISSUES UNRESOUVE) I STATED CLEARLY WHAT HAPPEN THE GREIVANCE IS NO VAGUE. AS STAFF WAS BEING CONFRONTATIONAL, AND I DID NOT HAVE TO RESPOND TO HIM.. AS WELL MEDICAL STAFF DIANE ATTEMPTS TO GET ME TO SIGN A RELEASE FORM TO HENERY FORD HOSPITAL SOME PLACE I NEVEREM BEEN THIS IS WHAT WAS VAGUE.() STAFF ACTIONS IN MEDICAL AS I AM NOT ENTITLE TO SEE WHATS MEDICAL GOING ON WITH ME.I AM NOT TRUSTING HER OR HER ACTION AS IT WAS NOT PROFESSIONAL STANDARDS AT THAT TIME., AS WELL I CHMRNEX COMPLIED WITH THE ORDER OF STAFF AT THE TIME AND IT RESULTED IN INJURIES. THE ABUSE OF POWER AND DISCRIMINATION BY STAFF AS I AM STILL IN PAIN FROM THE FALL. I WOULD LIKE THE VIDEO SURVEILLANCE PRESERVE IN THIS MATTER 15 MINUTES BEFORE FALLING AND 15 MINUTES WAXER AFTER FALLING DOWN THE STAIRS... APPEAL SHOULD BE GRANTED.

STEP II — Response

Date Received by Step II Respondent:

l

Respondent's Name (Print)

Respondent's Signature

10/X-

Grievant:

Date Returned t

ISSUES UNRESOLVE AT STEP 2

STEP III — Reason for Appeal

A/WARDEN D.M. STEWARD AND FACILITY HEALTHSERVICE STAFF ARE/HAVE CONSPIRED TO

VIOLATE THE CONSTITUTIONAL RIGHTS AND CIVIL RIGHTS..

THE STEP 2 APPEAL REASON STATED ABOVE IS NEW INFORMATION, (THE DEPARTMENT OF JUSTICE AND CDC WILL BE CONTACTED IN THIS MATTER, AS TO THE ACTIONS OF MEDICAL STAFF AND THE ACTING WARDEN NEGLECT OF VIOOLATIONS...

ADMINISTRATIVE REMEDIES EXHAUSTED.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.182 Filed 01/24/20 Page 82 of 100

2014

MACOMB CORRECTIONAL FACILITY

"Committed to Protect, Dedicated to Success"

Step II Grievance Response

Prisoner:

Bell

248097

HU# 1-75-B

Grievance #: MRF 2016 10 1925 28B

I have reviewed the Step I grievance and Step II reason for appeal. No new or additional information was provided to substantiate the Step I grievance. Therefore, the Step I grievance was appropriate.

Step II Response:

Step II grievance response affirms Step I grievance response.

Respondent's Name/Position

Respondent's Signature

Date

Case 2:29-cv-10193-MFL-A	PP ECF No. 1-1,	PageID.184/Faled \$1/	24/20 Page 84 of 1	100 /22
MICHIGAN DEPARTMENT OF THE PRISONER PAR PAR PAR PAR PAR PAR PAR PAR PAR PA	RECTIONS MENTE FORM		4835-4	247 10/94 CSJ-247A
Date Received at Step I 10711	Grievance Id	dentifier: MRF11611		
Be brief and concise in describing y procedure, refer to PD 03.02.130 and	our grievance issue. OP 03.02.130 availab	le in the prison Law 275,	Date of Incident Today's	
Name (print first, last) CEDRIC BEII	Number 348097	Institution Lock Number SEG 12	9-20-16 9-	23-16
What attempt did you make to resolve If none, explain why.				
ACCUSE ME OF KUN	WING AN	IE. I WOL	ild like	A
State problem clearly. Use separate gr Four copies of each page and supporting to the Grievance Coordinator in accordinates.	ievance form for each	issue. Additional pages, usi	ing plain paper, may be the grievance must be su	ibmitted
to the Grievance Coordinator in accord	iance with the time in	ants of Ot 03:02:130	1111 1 = 2 = 2	lires
PD 01.04.110. Admin Num Looper As we provided Hum Cooper the Civil Rights of L	WITH FALL PEDRIC BELL	SE INformation	(1 AS HeylV. I Speke direc	ctly to
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with your Quadrane. Never with your Quadrane. Never withess me do resulted IN INjuries. She reacted to what Therefore Documents in Computer. I would like Satted. As well discipling.	MASY ACTIONS Yes No	to Staff for Civ. If No, give explanation.	f resolved, explain reso	olution.)
RESPONSE (Grievant Interviewed?				
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$\Omega \Omega m_{\alpha}$	يرا ما م			10/25/14
Respondent's Signature E. Parr - Mirzu	Norking Title	Reviewer's Signature Reviewer's Name (Prin	<u> </u>	Date 2013 Title
D molution	Lat Step I. Grievant sign must be described abov	here. e Grievant's Signature	Date	
DISTRIBUTION: White, Green, Canary,			425	

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p I Grievance Respons	e			
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evance Number:	(0.9 <u>12.77</u>			1
soner Name: British				
soner Number: 248097		upoka 10		
isoner was was was	NOT interviewed. GIVE REASON:	The second secon		
JMMARY OF COMPLAINT: rievant states that Health Unit Mar scontinued his Special Accommod	nager (HUM) falsified documentation in lation Notice (SAN).	uis Prisoner Health Re	cord (PHR) and	that she
	ION			oner did not
NVESTIGATION INFORMATION INFORMATION in Example 1 in the condition of the condition of the company of the condition of the company of the condition of the cond	(PHR) was reviewed. Grievant was interview is no documentation from HUM Cooper	iewed. Per Grievant's for the date specified I	PHR, HUM Co	elation to
alsification of documentation.	CEDURE, ETC.		PHR, HUM Co by Grievant in r	elation to
alsification of documentation.			PHR, HUM Co	elation to
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APPLICABLE POLICY, PROC PD 03.04.100 Healthcare Services SUMMARY	EDURE, ETC. ; PD 03.02.130 Prisoner/Parollee Grievan	inued by HUM Coope	ir. There is no d	ocumentation by cess healthcare
APPLICABLE POLICY, PROCE PD 03.04.100 Healthcare Services SUMMARY Grievance is denied. There is no HUM Cooper for the date specific using the Health Care Request for	documentation that the SAN was disconted in reference to falsification of documentation (CHI-549) for any further medical recommendation of the communication of the communicatio	inued by HUM Coope		ocumentation by
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APPLICABLE POLICY, PROCESSION OF THE POLICY	documentation that the SAN was discont ed in reference to falsification of documentation (CHJ-549) for any further medical recommendation of the communication of the communicati	inued by HUM Coope	TITLE: DATE:	ocumentation by cess healthcare

545

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09 CSJ-247B

Date Received by Grievance Coordinator

Grievance Identifier: MRF1161001193301

at Step II: Wall &

GRIEVANCE DEPARTMENT

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	LOCK	Duce of allowers	Today's Date 10-28-16
CEDRIC BELL	248097	МАСОМВ	1 - 7	9-21-16	CTFULLY

STEP II — Reason for Appeal (ISSUES UNRESOLVE) IN THIS ABOVE MATTERS I RESPECTFULLY REQUEST ALL SECURITY VIDEO SURVEILLANCE OF SEGREGATION MB MOVEMENTE OF CELL #128 FROM DATES SEPT 8,2016 THRU SEPT 22,2016 AS WELL LOGBOOK DATES. AS WELL THE SECURITY VIDEO SURVEILLANCES OF MEDICAL HEALTHSERVICE SAME DATES AS OF ABOVE (OF CEDRIC BELL BEING ESCORTED TO HEALTHSERVICE AND BEING TREATED BYZDOCTOR HUSSIAN OR PHYSICAIAN ASSISTIAN OR HUM COOPER. AS WELL STATEMENTS FROM THE TRANSPORTING OFFICERS. DATES AND TIME. THE ABOVE MENTION INFORMATION IS REQUESTED TO BE HELD/PERSEVERED FOR DISTRICT ATTORNEY AND ATTORNEY A.OLIVER FOR CIVIL RIGHTS VIDUATIONS AND CONSTITUTIONAL RIGHTS VIOLATIONS. AS THIS APPEAL STEP 2 IS PART OF EXHAUSTION OF MY ADMINISTRATIVE REMEDIES UNDER(42 U.S.C. § 1983..) XX(SEE ATTACHED 4 PAGES)

STEP II — Response

Date Received by Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date

Grievant:

Date Returned 🔀

(ISSUES UNRESOLVE) AT THE TIME OF SPEAKING TO HUM COOPER STEP III - Reason for Appeal (ISSUES UNRESOLVE) AT THE TIME OF SPEAKING TO HUM COOPE. I DID NOT NO OTHER ITEMS WERE REMOVE FROM THE SPECIAL ACCOMMODATION NOTICE AS HANDICAP HOUSING, KK ELEVATOR, NO STEPS RAMP ACCESS. AS I NEVER SAW OR WAS TREA ED BY A DOCTOR AT THE FACILITY FOR THE REMOVEAL AS POLICY STATED, AS WELL ON 4/23/14 AT COTTON CORRECTIONAL FACILITY I NEVER SAW OR WAS TREATED BY A DOCTOR TO REMOVE THE QUADCANE AS STAFF ARE STATING. THE QUADCANE IS FOR ME TO USE IN HARSHA WEATHERN AND TO NAVIGATE STAIRS DUE TO NERVE DAMAGES AND BACK, LEGS APPEAL. REMEDIES EXAUSTED LEFT/RIGHT FEET. STAFF FAILURE TO RESPONDS TO STEP 2 NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

4.045

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID, 190 Filed 01/24/20 Page 90 of 100 GRIEVANCE STEP 2 APPEAL 4 PAGES:

IDENTIFIER #MRF/2016/10/1922/12Z

CEDRIC BELL// 248097// MACOMB// 1-75-8// 9-20-16// 10-28-16

I DIRECTLY SPOKE TO HUM COOPER ON 9-23-16 WHILE IN SEGREGATION CELL 12 VIDEO SURVEILLANCE CAMERA DIRECTLY ABOVE HER HEAD, AND I ASKED HER WHY WAS MY QUADCANE REMOVED AND TAKEN FROM ME BY C/O COLGAN AN C/O SHAH AS C/O COLGAN STATED CLEARLY HUM COOPER TOUD ME TO TAKE IT.

HUM COOPER TOLD ME WITH DIRECT EYE TO EYE CONTACT YES I TOOK M YOUR KMK ELEVATOR, GROUND KMKHEK FLOOR NO STEPS, RAMP ACCESS FROM YOUR SPECIAL ACCOMMODATION ORDER 9-21-16 BECAUSE YOU WERE ON MKKK SECURITY VIDEO SURVEILLANCE RUNNING, THEN HUM COOPER SAID AND YOU ASSAULTED SOMEONE WITH YOUR QUADCANE...

THIS MEDICAL STAFF HUM COOPER OR DOCTOR HUSSIAN HAS NEVER SEEN ME ON VIDEO OR IN PERSON DOING ANY OF THE ABOVE.. NOR HAVE ANY M.D.O.C. STAFF MEMBER EVER SEEN ME DOING ANY OF THE ABOVE (RUNNING OR ASSAULTING ANYONE WITH A CANE).

THIS ACCUSATION BY STAFF MEDICAL OR M.D.O.C. HAS TO BE SUPPORTED BY EVIDENCE AS TO IT'S SERIOUSNESS...

AS THESE STAFF MEDICAL AND M.D.O.C HAVE ALL CONSPIRED AND FALSIFICATION OF MEDICAL RECORDS AND NUKX DOCUMENTATION AND DIRECT BIAS BY HUM COOPER FOR BEING THE REVIEWER TO GRIEVANCE COMPLAINTS..

IN THIS MATTER ALL MEDICAL KIKK STAFF AND RKRIENKE PERSONNEL HAVE VIOLATED POLICY DIRECTIVE. AS THEY ALL NO I HAVE NEVER BEEN SEEN BY A DOCTOR AT MACOMB CORRECTIONL FACILITY SINCE TRANSFERING IN ON JULY 19,2016 THRU OCTOBER 31,2016 NO DOCTOR HASKEN TOUCHED ORKEN PHYSICALLY SEEN OR EVALUATED ME AT THIS FACILITY.. TO REMOVE SPECIAL ACCOMMODATION MEXITEMS FROM THE ORDER.

I WOULD LIKE TO FILE A COMPLAINT WITH THE MEDICAL BOARD AS TO MEDICAL MALLPRACTICE. MAKING MEDICAL DECISIONS BASED ON NON-MEDICAL FACTORS AND MAKING AMEDICAL JUDGMENT SO BAD IT'S NOT MEDICAL, THE DELIBERATE INDIFFERENCE BY HUM COOPER AND DOCTOR HUSSIAN XXX IGNORING OBVIOUS CONDITION.

SEE (HARRISON V BARKUEY 219 F.3d 132,136(2d CIR.200),,GUTIERREZ V PETERS, 111 F.3d AT 1373.. McGUCKIN V SMITH 974 F.2d 1050,1059(9thCIR.1992) THE EXISTENCE OF AN INJURY THAT A REASONABLE DOCTOR OR PATIENT WOULD FIND IMPORTANT AND WORTHY OF COMMENTOR TREATMENT; THE PERSENCE OF A MEDICAL CONDITION THAT SIGNIFICANTLY EFFECTS AN INDIVIDUAL'S DAILY ACTIVITIES OR THE EXISTENCE OF A CHRONIC AND SUBSTANTIAL PAIN...JETT V PENNER 439 F3de 1091,1098(9th CIR.2006) LETTERS TO WARDEN FROM INMATE ABOUT HIS MEDICAL CONDITION PUT WARDEN AND DOCTOR ON NOTICE). REED V McBRIDE, 178 F.3d 849,854(7thCIR,1999) INMATES LETTERS OF COMPLAINTS PUT OFFICALS ON NOTICE OF HIS MEDICAL PROBLEM.

THE SUPREME COURT WROTE THAT THE CONSTITUTION PROHIBITS OFFICALS FROM "INTENTIONALLY DENYING OR DELAYING ACCESS TO MEDICAL CARE OR INTENTIONALLY INTERFERING WITH TREATMENT ONCE PRESCRIBEED *ESTELLE V GAMBLE, 429 U.S. AT 104-105 (EMPHASIS ADDED).

* I WOULD LIKE TO BE COMPENSATED FOR THE DUE PROCESS VIOLATION \$5,000,000 AS WELL \$75,000 FOR ATTORNEY FEES FOR A. OLIVER IN CASE OF MY DEATH MY DAUGHTER! CAN PERSUE THIS LEGAL ACTION AS TO MEDICAL NEGLECT BY THE MICHIGAN DEPARTMENT OF CORRECTION, AND DISCIPLINARY AND REKENKX FELONY CHARGES FOR FALSIFYING MEDICAL DOCUMENTS OR DOCUMENTS IS A VIOLATION OF MICHIGAN CRIMINIAL CODE THAT THE WARDEN MXXX HAAS IS DISREGARDING AND NOT INVESTIGATING AS TO STAFF ACTION. INTERAL AFFAIRS IS REQUESTED IN THIS MATTER. AS WELL CIVIL SERVICE DEPARTMENT.

I WOULD LIKE NOT TO BE RETAILIATED AGAINST BY M.D.O.C STAFF OR OTHER FORMS OF RETAILIATION FOR THIS COMPLAINT OR OTHERS.

Step II Grievance Appeal Response

Grievance Number: MRF 2016 10 1922 12Z Prisoner Name: Bell, Cedric Prisoner Number: 248097

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: Grievant states that Health Unit Manager (HUM) falsified documentation in his Electronic Health Record (EHR) and that she discontinued his Special Accommodation Notice (SAN). Date of incident 9/20/16.

SUMMARY OF STEP I RESPONSE: Grievant's Electronic Health Record (EHR) was reviewed. Grievant was interviewed. Per Grievant's EHR, HUM Cooper did not discontinue Grievant's SAN. There is no documentation from HUM Cooper for the date specified by Grievant in relation to falsification of documentation. Grievance is denied. There is no documentation that the SAN was discontinued by HUM Cooper. There is no documentation by HUM Cooper for the date specified in reference to falsification of documentation. Grievant is encouraged to access health care using the Health Care Request (HCR) form (CHJ-549) for any further medical requests. Date of response 10/21/16.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant is requesting security video surveillance of segregation movement. He indicates he spoke to HUM Cooper on 9/23/16 and asked her why his quad cane was taken from him by custody, as custody reported it was per HUM Cooper's direction. Grievant indicates HUM Cooper or Doctor Hussain has never seen me on video or in person doing any of the above, nor have any MDOC staff member ever seen him running or assaulting anyone with a cane. Staff have conspired and falsified medical records. Date of incident 9/20/16, 9/21/16.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the EHR (Electronic Health Record), there has not been a SAN order for quad cane since the quad cane was stopped on 8/3/11. The last quad cane on a medical detail was stopped on 4/23/14. The information presented upon appeal to step II has been reviewed in addition to the medical record. The step I response appropriately addresses the grievance. As noted, Grievance denied.

Video is not retrieved at prisoner's request. Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Care Services
- PD 04.06.160 Medical Details and Special Accommodations Notices

Grievance: Denied; Grievant's allegation is not substantiated by the EHR. Review of the evidence supports that Grievant's medical needs are being addressed.

evidence supports that Grievant's medical needs RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: Subrina Fiken, BN	DATE: 11/15/16

Brench /-/LIN/ +errore	#5 4 of 5
MICHIGAN DEPARTMENT OF CORRECTIONS PRISONER/PAROLEE GRIEVANCE FORM	4835-4247 10/94 CSJ-247A
Date Received at Step REVANCE DEPARTMENT Grievance Identific	Tier: MUFILIGIII 9011 9031028A
Be brief and concise in describing your grievance issue. If you procedure, refer to PD 03 02 130 and OP 03 02 130 available in it	où have any questions conceining the grievance.
Name (print first, last) CEDRIC BELL Number A48097 Institu	Comb SEG 12 9-21-16 9-27-16
What attempt did you make to resolve this issue prior to writing this If none, explain why. Requested A Copie of A	is griguance? On what date? OH O. JE 1/
If none, explain why. Requested A copie of AS I was Never treated on was proton that's A Violation of 03.04.108 prison SALL P A FERRIS 9-27-10 111	JUSTER HEAlth INFORMATION.
State problem clearly. Use separate grievance form for each issue. Four copies of each page and supporting documents must be submit	Additional pages, using plain paper, may be lised. Itted with this form. The grievance must be submitted
to the Grievance Coordinator in accordance with the time limits of C to Serious Medical Meeds Constitutes the UNI.	OP 03.02.130. The deliberate Inclifference INECESSATY AND WAINFONTINFLICTION OF
PAIN. Proscribed by the EIGHTH Amendmen At NO time ON 9-21-16 WAS I trented by M MBA, RHIA, CHTS-IM. AS She KNEW the M	MECLICAL PROVIDER BRENDA HUNTER RISK AND ACTION KNOWLEDGE TO THE
CRUEL CONDITION I WOULD SUFFER BY REAR RAMP, GROUND Floor, NO STEPS. HANDEND OUND COMMODA NERVE DAMAGES, DROP FEET LEFT / RIGHT, R.	MOUING ACCESS to ENEELENATORS HANDECAD Showers toliet WARNISS
ANKLOS! KNIPOS (ECT) AFOS! ANC METAL AT	OS WIPHOUT Them I HAVE VERY I'M
DAIANCE AND HIGH RISK FOR SERTOUS IN I refuse to take medication due to the E I Suffer back muscle SPASM; left IEG A WITH 18 Holes IN My body. And MEDICAL Sta having Drug SEEKING Behavior. Video Su to Navigate Stairs Sometime as I don: AND the White Inmetes are treated different	aff an MDOC Staff Accuse me of urveillance will shap me trying
to Navignte Stairs Sometime as I down And the WHITE INMATES Are treated diff	Ferently per Video Surveillance.
	o, give explanation. If resolved, explain resolution.)
See attached rever	ction better
2/16	5/2 mlrile
to los Cikin	viewer's Signature Date Viewer's Name (Print) Working William Working William Working William Working Working William Working Working William Working Working William Working Worki
Date Returned to 1 (En If resolved at Step I, Grievant sign here.	viewer's Name (Print) Working The
Grievant: \\O\\3\\\6\\\6\\\6\\\7\\\6\\\7\\\7\\\\\7\\\7	evant's Signature Date d — Grievant

Case 2:20-cv-10193-MFL-APP ECF No. 1-1, PageID.196 Filed 01/24/20 Page 96 of 100

5 5 of 5

OCT 1 0 2016

Michigan Department of Corrections **GRIEVANCE REJECTION LETTER** **DEPUTY WARDENS** OFFICE

DATE:

10/7/2016

TO:

BELL

248097

LOCATION: MRF

1-75-B

FROM:

Grievance Coordinator: E. TAYLOR

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding

Duplicate Issue

was received in this office on 10/7/2016

and was rejected due to the following reason:

Your grievance is being returned to you without processing for the issue is a duplicate of the grievance listed at the end of this paragraph that has already been processed. Per PD 03.02.130 duplicate issue grievances will not be processed. Grievance is rejected. MRF-16-10-1922-12z.

Any future references to this grievance should utilize this identifier:

/ 2016 / 10 / 1923 / 28A MRF

Respondent

KON 93 MFL-APP ECF No. 1-1, PageID. 198 Filed 01/24/20 Page 98 of 100 PAGES ATTACHED AS POLICY STATES

ICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09 CSJ-247B

PRISONER/PAROUSE GRIEVANCE APPEAL FORM

MACUMB CURRECTIONAL FACILITY

Grievance Identifier: MRF 116 1101011 1912310128

Date Received by Grievance Goordinat at Step II:

GRIEVANCE DEPARTMENT

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: by 101271169. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	248097	MACOMB	1-75-B	9-21-16	10-20-16

STEP II — Reason for Appeal (ISSUES UNRESOUVE) AS THE RESPONDENT E.TAYLOR AND REVIEWER DEPUTY STEECE ARE ACTING IN A MEDICAL CAPACITY AS WELLMEXXXXXXX ACTIVIST FOR MEMX MEDICAL STAFF WHO PROVIDE A COPY OF ACCOMMODATION WITH HER NAME AS THE GENERATOR THE TREATMENT THAT WAS PROVIDE. . WHEN THE PRINTED COPY SHOULD HAVE THE NAME(S) THE DOCTOR(S) OR MEDICAL STAFFS THAT PROVIDE TREATMENT AS WELL CHANGED THE MEDICAL ACCOMMODATION ORDERS AS WELL COMMENTS TO TREATMENTS THAT WAS PROVIDED DURNING THE CONSULTATION WITH THE MEDICAL PROVIDER AS M.D.O.C POLICY STATES IN PD.04.06.160 WHICH HAS BEEN CLEARLY VIOLATED. AS STAFF ARE CONSPIRING TO VIOLATE EIGHTH AMENDMENT AS WELL THE CIVIL RIGHTS. (SEE) MANDEL-V-DOE, 888 F.2d #### 783, 789 MMERE-95(11th) CIR. 1989) WHERE MEDICAL PHYSICIAN(S) FAILURE TO A PROVIDE

STEP II — Response

See attached respon

Date Received by Step II Respondent:

Respondent's Name (Print)

spondent's Signature

Grievant,

Date Returned to

STEP III — Reason for Appeal

ISSUES UNRESOLVE AT STEP 2

A/WARDEN D.M. STEWARD AND THE FACILITY HEALTHSERVICE STAFF ARE/HAVE CONSPIRED TO VIOLATE THE CONSTITUTIONAL RIGHTS AND CIVIL RIGHTS..

THE STEPX 2 APPEAL REASON STATED ABOVE IS NEW INFORMATION(THE DEPARTMENT OF JUSTICE AND CDC WILL BE CONTACTED IN THIS MATTER, ASX TO THE ACTIONS OF MEDICAL STAFF AND THE ACTING WARDEN NEGLECT OF VIOLATIONS...

ADMINISTRATIVE REMEDIES EXHAUSTED

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

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GRIEVANCE ATTACHMENT IDENTIFIER MFR-2016-10-1923-28A:

STEP 2 APPEAU TO THE WAREDN OFFICE

CEDRIC BELL / #248097 / MACOMB / 1-75-B / #XXXXX 9-21-16 /10-20-16 /

ADEQUATE MEDICAL CARE IN STATE OR LOCAL INSTITUTIONAE MAY USE 42 U.S.C. 1983 TO SUE PRISON MEDICAL CARE PROVIDERS, INCLUDING PRIVATE CONTRACTORS. HOWEVER, SUITS AGAINST PRIVATE CORPORATIONS THAT PROVIDE MEDICAL CARE TO (STATE PRISONERS) ARE TREATED LIKE SUITS AGAINST MUNICIPALITIES.

THAT IS, TO PROVIDE TO PREVAIL AGAINST THE CORPORATION ITSELF THE PRISONER MUST SHOW THAT INJURIES WAS CAUSED BY THE DELIBERATE INDIFFERENCE OF INDIVIDUAL EMPLOYEES OF THE CORPORATION, (BRENDA HUNTER, HUM COOPER, DOCTOR HUSSIAN AND P.A. FERRIS ALL CORPORATE EMPLOYEES) AS WELL KENKRIKK CONSPIRATOR M.D.O.C. STAFF E.TAYLOR AND DEPUTY STEECE WHO FAILURE TO INVESTIGATE THE MEDICAL MALPRACTICE AND FALSIFICATION OF MEDICAL DOCUMENTS AND SUBMITTING THEM IN THE COMPUTER AND PRINTING THEM OUT FOR DISTRIBUTION MIKKY WHICH VIOLATES MICHIGAN CRIMINAL CODE AND DEPARTMENT OF CORRECTION WORK CODE OF ETHICS.

IN THIS ABOVE MATTER I WOULD LIKE TO BE CONPENSATED \$250,000.00 AND ANOTHER \$75,000.00 FOR ATTORNEY FEES FOR A.OLIVER ATTORNEY AT LAW WHOM MY FAMILY SPOKE TO AND I AS WELL ON 10-19-2016.

AS WELL THE ABOVE MEDICAL STAFF THAT CREATED ALL OF THIS BY VIOLATING THE MEDICAL PRIVACY ACT HUM COOPER TO INSPECTOR LADUCE AS WHEN THE DOCUMENTS STARTED TO GET FAUSIFIED AND FAUSE INFORMATION PROVIDED TO M.D.O.C. STAFF AND IT LEAD TO A SERIOUS INJURIES WHEN I FELL DOWN A FLIGHT OF STAIRS AFTER THE QUADCANE WAS REMOVE FROM MY POSSESSION ON 9-20-16 BY SEGREGATION OFFICER COUGAN PER HUM COOPER AND DOCTOR HUSSIAN.

AND I WAS NEVER TREATED BY OR SEEN BY THE TWO ABOVE MEDICAL STAFF SEE VIDEO SURVEILLANCE, SEGREGATION LOGBOOK OF PRISONER MOVEMENTS TO MEDICAL HEALTHSERVICE, AS WELL THE STAFF THAT ESCORTED ME TO THE ABOVE STAFF IN MEDICAL HEALTHSERVICE.

AS THESE STAFF ACTIONS ARE CAUSING SERIOUS INJURIES AS WELL DEATH SUPPORTING EVIDENCE TO THIS., FRANK ANDERSON #453217 WHO SUFFERED BY THE HANDS OF THE SAME STAFF IN NEXEXX HEALTHCARE AS WELL THE DEATH OF JAMES HART ON 9-29-16 AND THESE INFLICTION COULD HAVE BEEN PREVENTED IN BOTH CASES,

AS IN BOTH ABOVENX MY ATTORNEY WILL CONTACT BOTH FAMILYS TO SUPPORT MY CLAIMS, AS THE FALSIFYING OF MY DOCUMENTS WILL CONTINUE THE ABOVE STAFF SHOULD NOT BE ALLOWED ACCESS TO FILES..

I AM 100% SURE I WILL NOT BE INTERVIEWED IN THIS STEP 2 MATTER AS I NEVER SEEN THE WARDEN CONCERN AS TOO A STEP 2 APPEAL WHEN THE FACTS ARE 100% CORRECT. AS WELL I DO NOT TAKE MEDICATION AS MEDICAL PERSONNELS WILL SAY I HAVE DRUG SEEKING BEHAVIOR IN A ATTEMPT TO DISCREDIT ME.

THIS GRIEVANCE IS NOT A DUPLICATE ON MAKMA BRENDA HUNTER AS IT'S THE FIRST FOR WHAT HER SIGNATURE IS ON AND GENERATED BY HER TO ME THIS IS WHATS SHE SUPPORTED AND STAND BY IN THE COMPUTER AS WELL PROVIDE BY CO-WORKERS.

APPEAL SHOULD BE GRANTED BASED ON THE EVIDENCE. KNOK CONSIDERING MEDICAL STAFF COULD NOT ADDRESS THE ISSUES.